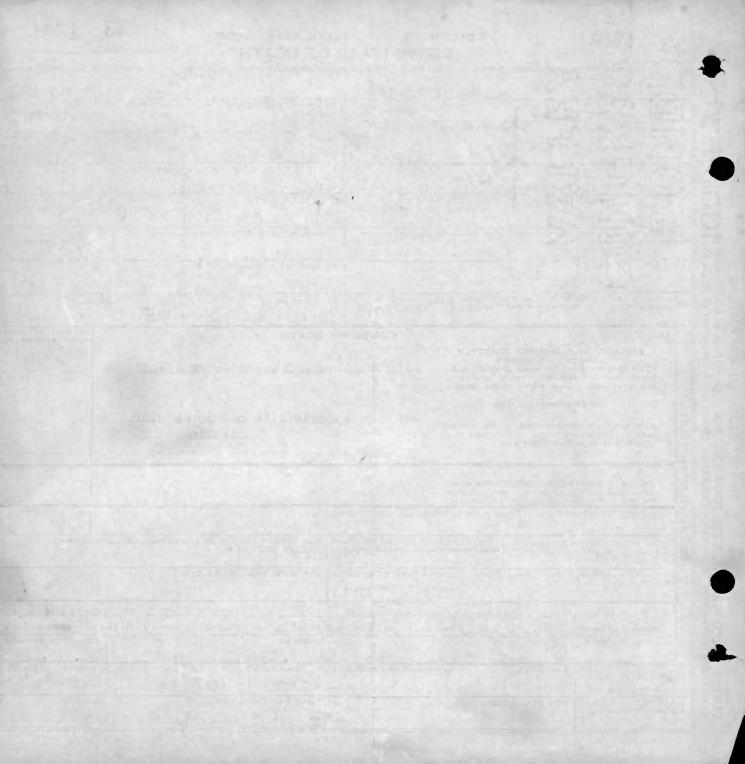
1501 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. Schilbach, Jennie DEATH February 10. 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 7807 Bagley Avenue should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. May 1 30,1000 White Married 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY information s of death cle Hausewife Anne Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or trainown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. of 18. 1/11 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Corebral vascular accident. heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive cardiovascular DISEASES OR CONDITIONS, IF ANY, GIVING disease RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: pl UNDERLYING CONDITION LAST. CERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D, TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED OF INJURY ITE PLA especially WORK AT WORK 22. I hereby certify that I attended the deceased from January 29, 1953 to February 101953, that I last saw the deceased alive on Feb. 10, 19 53 and that death occurred at 8:10 am., from the causes and on the date stated above. 23A. SIGNATURE 1100 N. Caroline Street 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION REMOVAL (Specify) 240. LOCATION (City, town, or county) 24B. DATE PLEASE correct ag DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

WHAT COUNTR APPRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPS (If in Baltimore City, give exact location) 23c. DATE SIGNED (State)

before admission)

If Under 1 Year

12. CITIZEN OF



(Type or Print)

HOSPITAL OR

Kmab

18.

1. NAME OF DECEASED

c. Length of stay in Baltimore

work done during most of working life, even if retired)

MAME

21A. ACCIDENT, SUICIDE,

(Specify)

HOMICIDE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service)

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF

13. FATHER'S NAME

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Yrs.

Mos

Days

1502 Registered No-

BIRTH NO

fully supplied

Ebruary 10, 1953

last birthday) Months; Days Hours: Min.

ADDRESS

12. CITIZEN OF

WHAT COUNTRY

USUAL RESIDENCE	(Where deceased lived, II insti	tution; residence
STATE	B. COUNTY	before admission
Manyland	Ballmore	
CITY OF TOWN	(If outside corporate limits, wr	ite RURAL and o

D. STREET ADDRESS (If rural, give location

MEIS TENSTOWN It Under 1 Year

11. BIRTHPLACE (State or foreign country) INDUSTRY

14. MOTHER'S MAIDEN NAME

17. INFORMANT SECURITY NO.

LOUIS 3603 Ellamen INTERVAL BETWEEN CAUSE OF DEATH

420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, c. g., Coronary Hurmbosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO

UNDERLYING CONDITION LAST.

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6. COLOR OR RACE

Benjamin Rubinowitz

10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

Relecca G. Kodis

(If not in hospital or institution, give street address or

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

16. SOCIAL

Widowed

21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from File deceased alive on 10, 1953, and that death occurred at 23B. ADDRESS 23A. SIGNATURE

1953, to_ Feb 10, 1953 that I last saw the am., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA TION, REMOVAL (Specify MAME OF CEMETERY OR CREMATORY

Union Memmal the serie

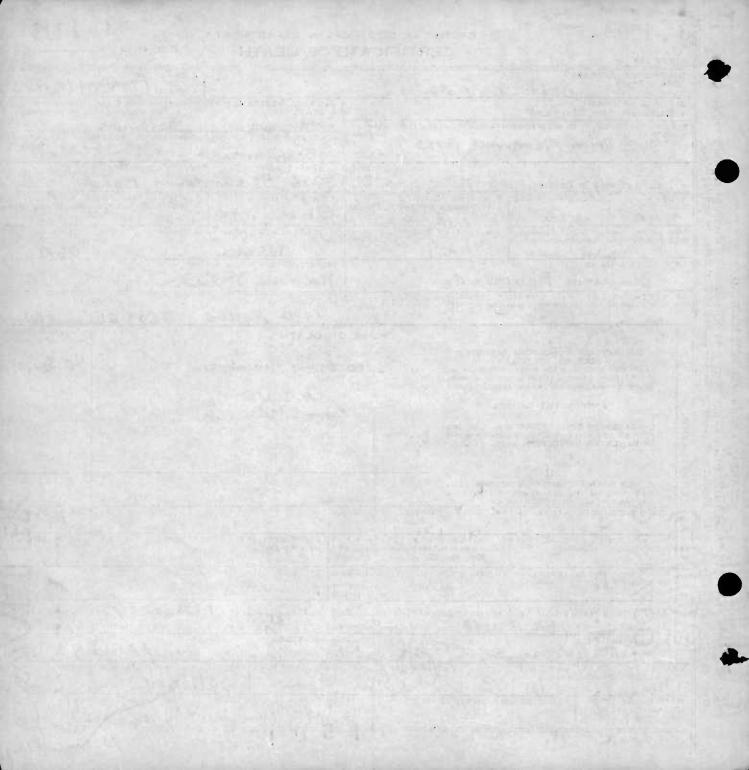
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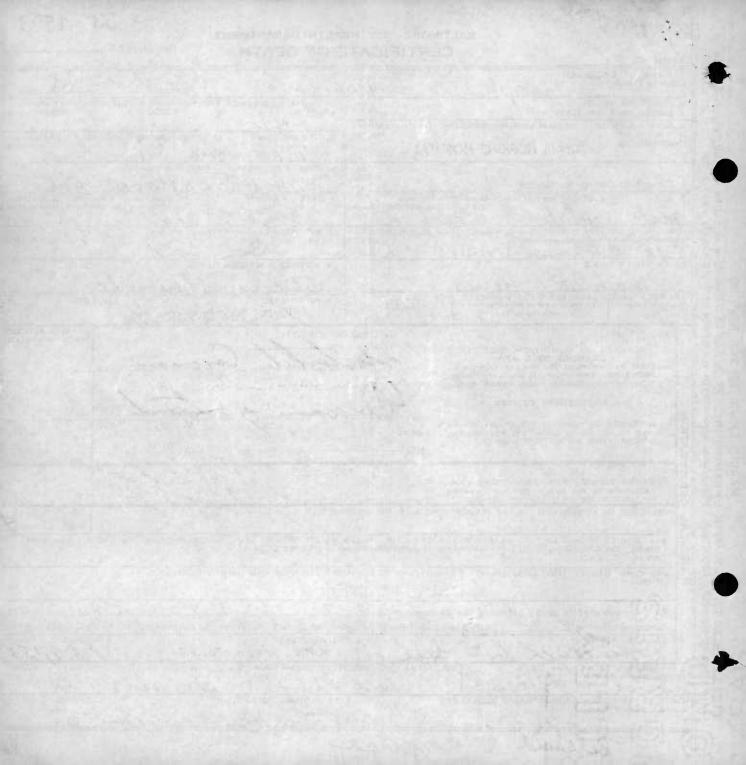
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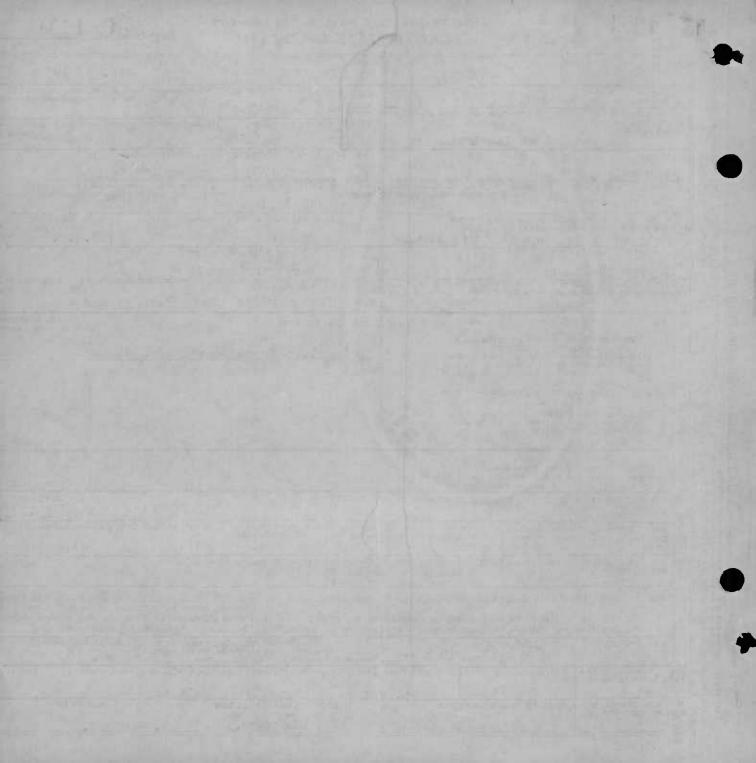
PLEASE

of

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

I. NAME OF DECEASED 2. DATE (Type or Print) Feb. 9, 1953 ANTONIA SKALINSKI OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland "f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore University Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1700 N. McKean Avenue Davs 6. COLOR OR RACE J. SINGLE MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months Days Hours! Min. 6/13/1881 Female White 26 Divorced 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Seamstress Poland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (mg Joseph Skalinski Mary (unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Edward Mills-1700 McKean Avenue causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (0) 11 OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 国 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION INLY, WITH y important. YES NO 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB UTING [] CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE especially WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry WRITE e is espe the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{\infty} \), accident \(\mathbb{\infty} \), suicide \(\mathbb{\infty} \), homicide \(\mathbb{\infty} \), undetermined \(\mathbb{\infty} \). 23B. CHIEF MEDICAL EXAMINER...... 23A. SIGNATURE 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR ... 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) 248. DATE correct Baltimore Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Cook (Inc) 1217 St. Paul

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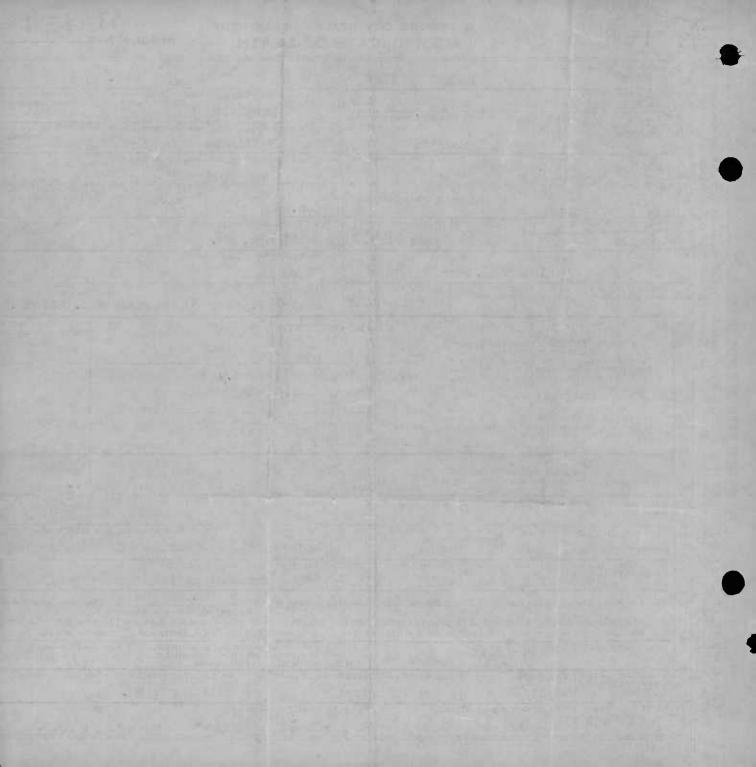


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B. H	SPITAL OR		al or institution	, give street address o location		ryland Foutside corporate limit	s, write RURAL and give
75.75		St.	Joseph 1	5		ltimore 7	-0 township)
-	Tanath of a	nu in Daltimann		Yrs. Mos.	D. STREET ADDRESS (I		
	SEX SEX	ay in Baltimore 6.COLOR OR RACE	7. SINGLE, I		8. DATE OF BIRTH	9. AGE (In years)	
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13.	Hwf	AME	Own	home	14. MOTHER'S MAIDEN N	rginia	
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15. Yes	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dated	FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT	nee Jour al	DDRESS SI
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LC	TE RECEIVE	BY REGISTRAR	S SIGNATUR	126 7.50	FUNERAL DIRECTOR	3	ADDRESS BORN

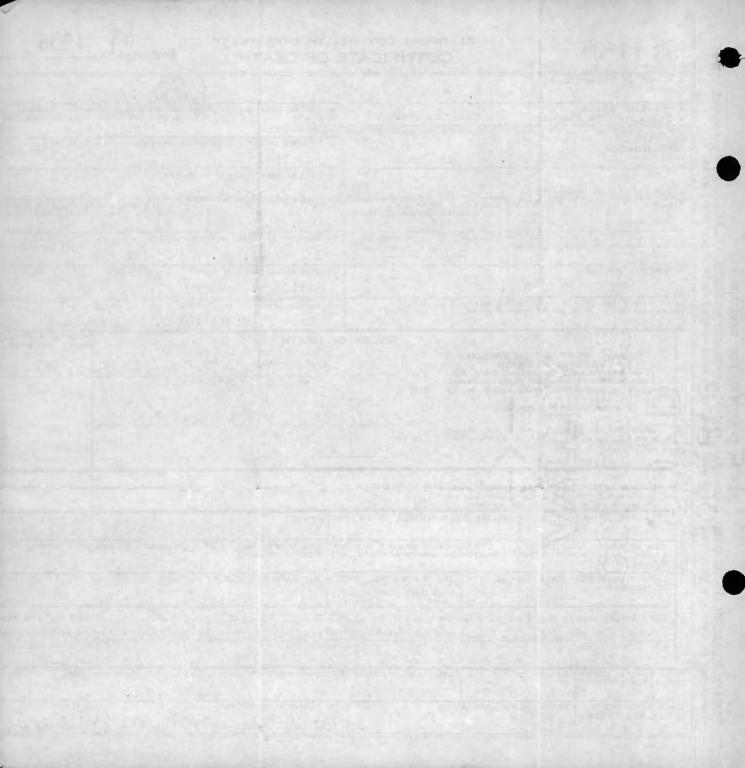
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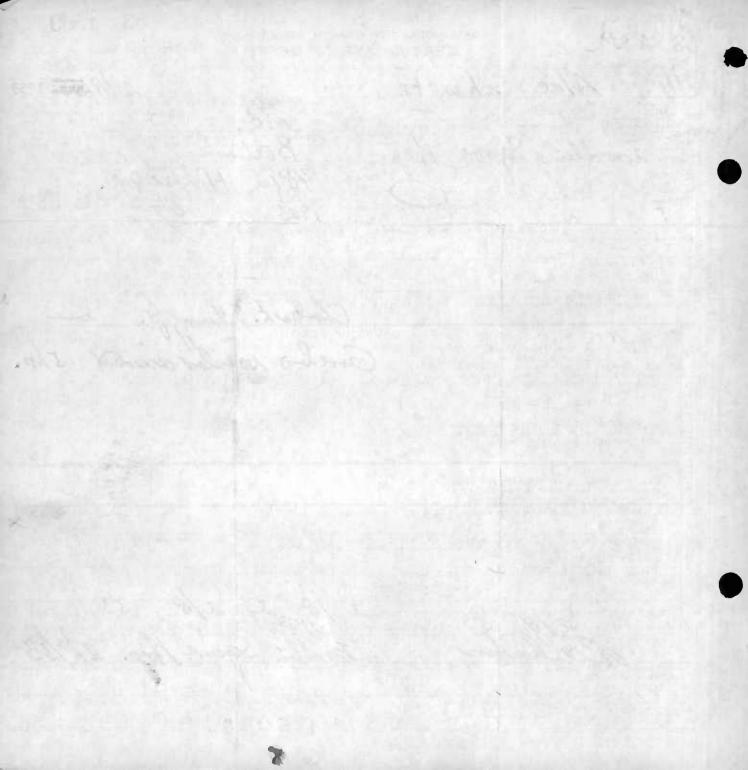


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he		53 15 IRTH NO.	08		EALTH DEPARTMENT E OF DEATH	Registered N	. 1508
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nd		. SEX	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years H	Under I Year If Under 24 Hours ths: Days Hours: Min.
should be		Female	White	Married	Dec. 24, 1888	64	Days Hours Ain.
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ath	13	O. FAIRER S N		. McCoy	14. MOTHER'S MAIDEN N.		
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In S	(Ye	s, no ur unknown)	(If yes, give war or date	of service) SECURITY NO.	Harry V. Kraft		DRESS
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RIT is es		23A. SIGNAT			23B. ADDRESS	ne causes and on in	23c. DATE SIGNED
e ii.		1	11/1/1/1		4209 Frederick		2-10-53
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e e	5	3 1509 BALTIMORE CITY HE CERTIFICATI		Registered No	
d. T		NAME OF DECEASED/ice Schwarz		2. DATE OF DEATH 2/	1953
upplie	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Whe	ere deceased lived. If in B. COUNTY	setution: residence before admission)
ully supplied.	H	OSPITAL OR Incation) STITUTION Frankles Super Hoss.	C. CITY OR DOWN (If ou	tside corporate limits,	write RURAL and give township)
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PLEASE WRITE PI	24 TIC	22. I hereby certify that attended the deceased from deceased alive on 2, 1955, and that death occur 23A. SIGNATURE 24B. DATE 24C. NAME OF CEMETE DN. REMOVAL (Specify) Burial Feb 12/53 Oak Levn	RY OR CREMATORY 200 LOC	causes and on the	that I last saw the date stored goove. 23c Date 160 ED rount (State)
PLE	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Ullrick Fyneral H		ADDRESS Leans St



Α.		City, Maryland	ARD WILLIAM	A. STATE	B. COUNTY	stitution: re before
HO	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi	tal or institution, give street address locatio		If outside corporate limits,	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

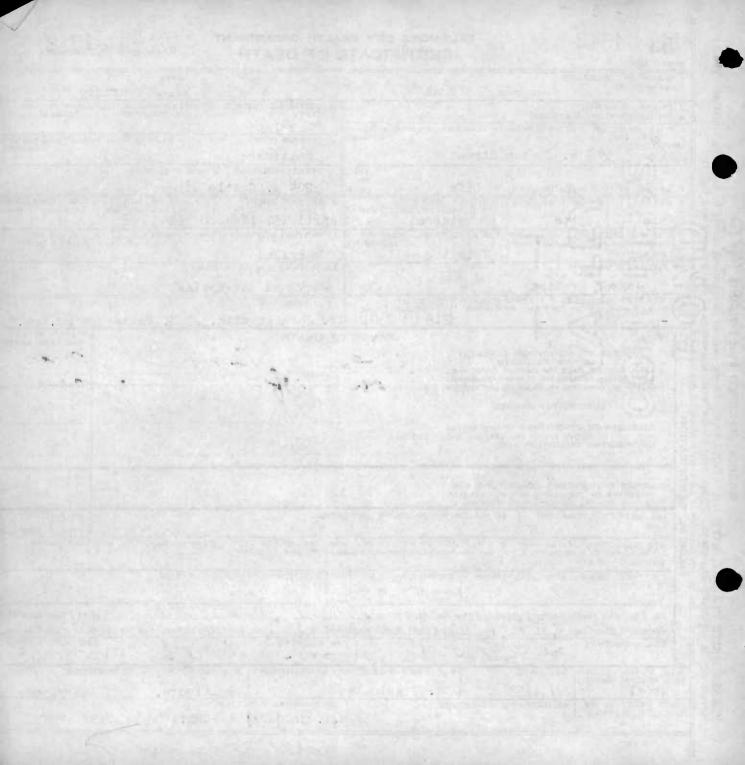
Registered No. 1511

pelBro 7110 BELAIR RO

BIRTH NO.		CERTI	FICATE	OF DEATH	Н	registered ive		
1. NAME OF D (Type or Print)	ECEASED	FRANK HENRY WI	SEMAN			OF Feb	9,1953	
3. PLACE OF D	City, Maryland			4. USUAL RESIDE				
B. FULL NAME HOSPITAL OR INSTITUTION		tal or institution, give stre	location)	Maryland c, CITY OR TOWN	(If outside	le corporate limits,		
41	St. Jos	eph's Hospital		Baltimore			το	ownship
			Yrs. Mos.	D. STREET ADDRE		-	Chan !	
c. Length of s	stay in Baltimore	life 7. SINGLE, MARRIED	Days	8013 Bela:			Index 1 Year 15 Had	24 Have
Male	White	Married	CED (Specify)	TAN 24 1	877	ast birthday) Mon	Inder 1 Year If Und ths Days Hour	der 24 Hours rs Min.
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To	HN WISE	MAN		ELIZABE:	TH MI	LLER.		
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RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A)	STATING THE OUE TO	,					
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= -								
OTHER S	II SIGNIFICANT COND	ITIONS CON-						
III TRIBUTING	TO THE OEATH, BUT	NOT RELATED	*****					
		19B. MAJOR FINDINGS	OF OPERA	TION			20. AUTO	PSY?
I S							YES	NO [
21A. ACCIE LYING ☐ OI CAUSE OF	DENT WAS UNDER . R CONTRIBUTING DEATH	21B. PLACE OF INJ about home, farm, factory, stre			ID (If in I	Baltimore City, gi	ve exact locati	on)
210. TIME	(Month) (Day) (Year) (Hour) 21E. INJUR	Y OCCURRED	21F. HOW DID	INJURY OC	UR?		
OF INJURY		m. WHILE AT WORK	NOT WHILE					
22. I hereh	ou certifu that I at	tended the deceased f		8 th 195	3 to Feb.	9 th 1953	that I last s	saw th
deceased a	live on Feb. 9 t	h 1953, and that d	eath occurr	ed at 7:15p m.	from the ca	uses and on the	e date stated	labove
23A. SIGNA		Hay In.	M. O. 11	B. ADDRESS 100 N. Carol	Lime Stre	et - 13	23C. DATE S Feb. 9, 19	SIGNED
24A. BURIAL.	CREMA- 248. DATE	111 24C. NAME	OF CEMETER	Y OR CREMATORY	240. LOCAT	ION (City, town, c		(State)
BURIA		1953 HOLY 1	REDEEL	YER CEM.	4430	BELAIR	RD	BM
DATE RECEIVE	D BY REGISTRAR	'S SIGNATURE	2	5. FUNERAL DIR	ECTOR		ADDRESS	
TOOUT VEGISI	TOTAL TOTAL	1 11 11 11 11 11 11 11 11 11 11 11 11 1	and the same of th	11	(a)			

THE S. P. LEWIS !

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GEORGE KRYSIAK February 8, 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 204 S. Castle Street Baltimore legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 204 S. Castle Street c. Length of stay in Baltimore Days on should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year last birthday) | Months Days | Hours Min. April 15, 1884 Male White Widowed 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Glve kindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Stevedore Shipping Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Krysiak Maryanna Wawrzyniak 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO 03 2301 Mr. John Krysiak, 322 S. Patterson Pk. Ave INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. YES EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED is especially WHILE AT NOT WHILE PLAI WORK AT WORK 19 that I last saw the 22. I hereby certify-that I attended the deceased from PLEASE WRITE m., from the causes and on the date stated above. and that death occurred at. deceased alive on. 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 700 · 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town xor wounty) (State) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Burial St. Stanislaus Baltimore Maryland 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR SADOWSKI & SONS, 1808 EASTERN AVENUE VS 150



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ully supplied.		PLACE OF DEAT Baltimore City	, Maryland 10	, Ao	rentouse	4. USUAL RESIDENCE		nstitution: residence before admission
	H	FULL NAME OF OSPITAL OR	(If not in hospital	al or institut	ion, give street address or location)		f outside corporate limits,	write RURAL and give
× ×	IN	ISTITUTION		0		Baltimas	e- ons	28-000 ship
can legibly.	1	Length of stay	in Baltimore	Lu	Yrs. Mos.	1-1	rural, give location)	16 -
ld be and	-		COLOR OR RACE		Days E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH		Inder 1 Year If Under 24 Hours
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on shou		A. USUAL OCCUP		P	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	orcign country)	2. CITIZEN OF WHAT COUNTRY
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NG ormatic death		Chas) /(a	he		many a	· Dang	herter
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LY, WITH important.	EDIC	21A. ACCIDENT	WAS UNDER-		CE OF INJURY (e. g., l'arm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)
LY,	N	CAUSE OF DEA		(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUP?	
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PL		22. I hereby e	ertifu that I att		1	me , 1951, to	-168 , 1953	that I last saw th
TE		deceased alive	on tel 6	, 19 53.	and that death occur	rred at 2:00 m., from	the causes and on th	e date stated above
PLEASE WRITE PL correct age is especi		23A, SIGNATUR	James 1	Notem	M. D.	23B. ADDRESS	ve atasville	23c. PATE SIGNED
3E age	2. TV	4A. BURIAL, CRE	AA- 24B. DATE	/ !	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
EAS	L	ATE RECEIVED B	12/11/	53	Sulepia	25. FUNERAL DIRECTOR	2 Freder	ADDRESS
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NDING information should be cally supplied.		'ype or Print) PLACE OF D	CUS	115	G. 5	TEPHENS	OF FEB Where deceased lived. If i	institution : residence
	В.	FULL NAME	Of (If not in hosp	ital or institut	tion, give street address	A. STATE Md.	B. COUNTY	before admission)
		OSPITAL OR ISTITUTION	JOHNS HOL	PKINS HO	SPITAL location	Baltin	f outside corporate limits	write RURAL and give township
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d be	_	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specif	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths Days Hours Min.
hould arly	10	Male A. USUAL OC	CUPATION Give kinds	MA 10B. KIND	D OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
ion s		FATHER'S	of working life, even if retired	"]	INDUSTR	1 Amer	1	WHAT COUNTRY
VG rmat death	13		WINE THE			14. MOTHER'S MAIDEN N	AME	
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Every write th		heart failu	re, asthenia, etc. It me complication which	ans the diseas	se,			
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BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO.			CERTIFICAT	E OF DEAT	H Registered .	.10.
	NAME OF D		. 25			2. DATE	
			gi Mo	relli Alcar		DEATH I	b. 6, 1953
3. A.	PLACE OF D Baltimore C	Sity, Maryland 40)11 Pa	rk Hghts. A	A. USUAL RESIDE	NCE (Where deceased lived, If B. COUNTY	before admission)
B.	FULL NAME OSPITAL OR	OF (If not in hospit	al or institu	tion, give street address o	r	(If outside company to limit	4!4- DYIDAY 1 -!
IN	STITUTION	4011 E	ark H	ghts. Ave.	Baltime	ore (If outside corporate im)	ts, write RURAL and give township)
				Yrs.	o. STREET ADDRE	SS (If rural, give location)	10
	Length of s	tay in Baltimore		Mos. Days		rk Hghts. Ave.	
_	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specific			If Under 1 Year on the Days Hours Min.
	M	W	Marr	ved, DIVORCED (Specif)	May 11,	1884 68 last birthday) M	onths Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTR		State or foreign country)	12. CITIZEN OF WHAT COUNTRY
					Italy		
13	. FATHER'S N				14. MOTHER'S MA		
		alvatore Al			Marie	Morelli	
15 (Ye	. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMEI (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Antonio A.	lcarese-4011 Pa	ark Hghts. A
	18. 42:	2.1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION				. / .	
	(This does	not mean the mode ore, asthenia, etc. It mea	f dying, e.	g., (A)	myreard	tr	
	injury or	complication which c	aused death	h.) OUE TO			
		ANTECEDENT CAUS	ES		Myrcard	CAR COM	
Z	5105105	on completions		(B)	Manager		
ATION	RISE TO T	OR CONDITIONS, II	STATING T	NG HE OUE TO			
	UNDERLY	ING CONDITION LA	ST.	(C)			
RTIFIC		1,					
RT		li IGNIFICANT CONDI					
CE		TO THE DEATH, BUT					
_	19A. DATE O	F OPERATION 0 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
DICA			1			ID (IC in Dalaina City	YES NO
MEDI	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., ferm, fectory, street, office bldg	In or 21c. WHERE D		give exact location)
-	21b. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	Market Street Committee of the Committee	INJURY OCCUR?	
	Or moon		m.	WHILE AT NOT WHILE AT WORK	E		
	22. I hereb	y certify that I att	ended the	deceased from	TEh 6, 198	3, to Feb 6 , 19	I, that I last saw the
	deceased al	ive on M.	19/3	and that death occu	erred at //: 45 P.m.	, from the causes and on t	the date stated above.
	23A. SIGNA	TURE //	than 6	Reedly, D.	23B. ADDRESS	& 1th The	2/10/53,
2.	4A. BURIAL, (REMA- 24B. DATE		24c. NAME OF CEMET	ERY OR CREMATORY	240. LOCATION (City, town	n, or county) (State)
111	on, removal (S Buria	- 12010	53	Lorraine	Cem.	Baltimore,	Md.
D	ATE RECEIVE OCAL REGIST	D BY REGISTRAR			25. FUNERAL DIR		ADDRESS
	THE RESERVE OF THE RESERVE OF THE PERSON NAMED IN	· · · · · · · · · · · · · · · · · · ·	and the same	- A	4600 Li be:	THE TANK SUPPLY	

and the state of t OF ARREST AND ARREST

M		2 4 5 1516 PALEMANS CITY III	5	3 1516
-	Эс		EALIH DEPARIMENT	l No.
d.	1.	NAME OF DECEASED (Type or Print) MARY J. McLANE	2. DATE OF DEATH PO	b. 8, 1953
pplie		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY	
ally supplied.	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		nits, write RURAL and give
	11	St. Joseph's Hospital	Baltimore /2-	township)
legion	4	Yrs. Mos. Length of stay in Baltimore Days	o. STREET ADDRESS (If rural, give location) 2703 N. Calvert St.	
BINDING of information should be uses of death clearly and l	5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9. AGE (in years last birthday) Jan 1887 66	If Under 1 Year Months Days Hours Min.
	wor	OA. USUAL OCCUPATION (Give kind of KIND OF BUSINESS OR INDUSTRY Maid & Companion Personal	11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY?
		B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	001
	15	Unknown	Unknown	
	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO None	Mrs. Chas. D. Brown 4911 Cr	ADDRESS
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	CERTIFICATION	TO THE DISEASE OR CONDITION CAUSING IT.	in sonian product	
ಠ.	AL	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Y, WITI	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.,	n or 21c. WHERE DID (If in Baltimore City	y, give exact location)
A	2	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
PLEASE VOTTE PLA	TI	22. I hereby certiff that I attended the deceased from deceased alive on the deceased alive on the deceased state of the deceased alive on the deceased alive on the deceased alive on the deceased from the decea	38. ADDRESS 72 XB. / Counted (a) RY OR CREMATORY 240. LOCATION (City, tox	vn, or county) (State)
		VS 150) 20 8	A	

	TIMORE CITY HE	EALTH DEPARTMENT	5 Registered 1	3 1517 No
V. HAG	ADONE		2. DATE OF DEATH Feb	0. 8. 1953
		4. USUAL RESIDENCE (W	here deceased lived, If B. COUNTY	institution: residence before admission)
al or institution, give street address or		Md.		
rst St.		c. CITY OR TOWN (If	outside corporate limit	ts, write RURAL and give township)
Yrs. Mos. Days		524 Lyndhurst		
Widow		8. DATE OF BIRTH Sept. 5, 1871	9. AGE (In years last birthday) Mo	if Under 1 Year If Under 24 Hours onths Days Hours Min.
10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or for Maryland		12. CITIZEN OF WHAT COUNTRY? USA
nn		14. MOTHER'S MAIDEN NA Mahala Pippin		
D FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT Miss Helen Hagad		DDRESS
DIRECTLY TH of dying, e. g ns the disease caused death	CAUSE (A)Cerel	oral hemorrhage	and para	INTERVAL BETWEEN ONSET AND DEATH Feb.6
F ANY, GIVIN STATING TH	(c)	erio sclerosis		

UNDERLYING CONDITION LA H OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

24D. LOCATION (City, town, or county)

NOT WHILE WHILE AT WORK AT WORK

24c. NAME OF CEMETERY OR CREMATORY

22. I hereby certify that I attended the deceased from	180. (1953 to red. 6 , 1955	, that I last saw the
deceased alive on Feb. 7, 1953, and that death occ	curred atnt., from the causes and on th	e date stated above.
23A. SIGNATURE DILEULIT M. D.	238 ADDRESS 2220 Garrison Blvd	23c. DATE SIGNED
MILLER SIELLER M. D.	2220 Garrison Blvd	Feb. 10,53

Feb. 12. 1953 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

05-1-111

AT A STATE OF STATE O

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1520

before admission)

12. CITIZEN OF

ADDRESS

USA

WHAT COUNTRY?

BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) DEATH February 7, 1953 RICHARD BONNER ully supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF MARYLAND VA HOSPITAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION BALTIMORE 18. MARYLAND BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) MOSX 20 c. Length of stay in Baltimore Mack 908 N. GAY STREET information should be of death clearly and l 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years | if Under | Year | if Under 24 Hours | Months | Days | Hours | Min. 8. DATE OF BIRTH MALE NEGRO August 1, 1900 WIID OWED 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY NONE LITTLETON, N. C. NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. 30/42 -10/6 2-12-5406 VA HOSPITAL RECORDS 10/ item CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Every (A) TUBERCULOSIS, PULMONARY, FAR ADVANCED write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO UNFADING Physicians: p OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. NONE 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ecially AT WORK 2/6 . 19 53 to 22. I hereby certify that I attended the deceased from_ TE Middle Color of the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS VA HOSPITAL. BALTO. 18, MD. 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY PLEASE Lucias DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

VAH, BALTO., 18, MD. INTERVAL BETWEEN ONSET AND DEATH UNKNOWN 20. AUTOPS YES X (If in Baltimore City, give exact location) 23c. DATE SIGNED 24D. LOCATION (City, town, or county)

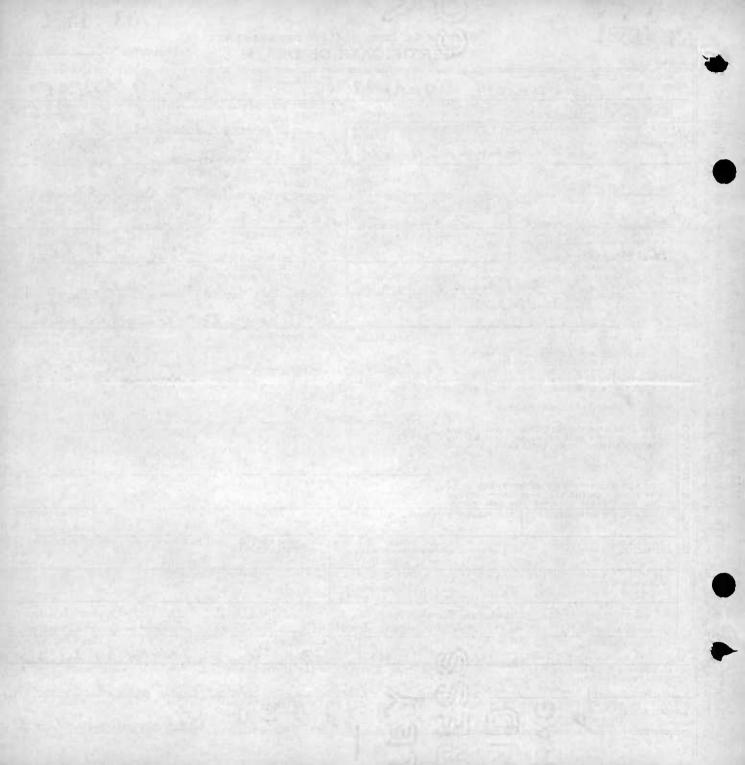
LOCAL REGISTRAR

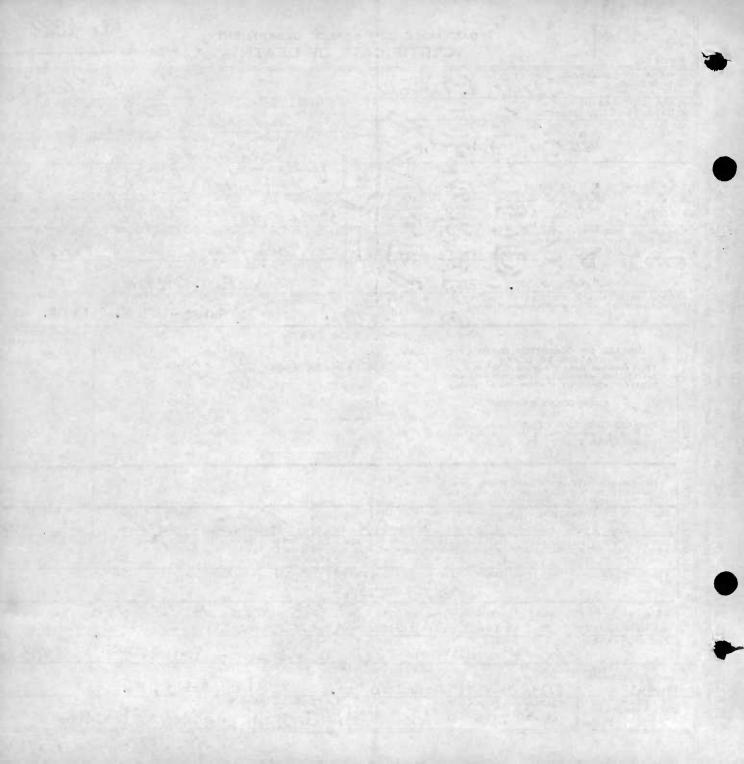
CERTIFICATE OF DEATH

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	DO 10142 BALTIMORE CITY I	HEALTH DEPARTMENT
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ully supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission
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e	Menold Shir July M. D.	501 Chang Hell Rd. 19 tel 53
SE t	24A. BURIAL, CREMA- 24B. DATE 24C/NAME OF CEMETION REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
AS	Burial 2/12/33 Batto N	ational 5501 Frederick are.
PLEAS correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
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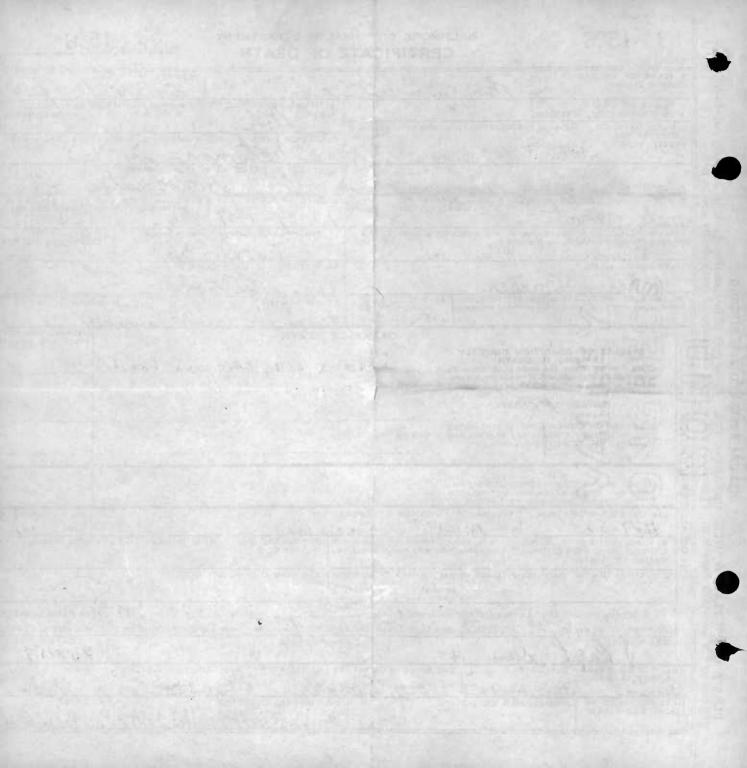
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ully supplied. Frances Bertha Duggan DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) California (If not in hospital or institution, give street address or B. FULL NAME OF Baltimore City Hospital (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 4940 Eastern Ave. Crestro Valley Yrs. D. STREET ADDRESS (if rural, give location) 20 yrs. 17122 Redwood Rd. c. Length of stay in Baltimore Days information should be of death clearly and l 9. AGE (In years | If Under 1 Year last birthday) | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7, SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Aug. 27, 1868 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Simpkins Mary McVanman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (1f yes, give war or dates of service) 16. SOCIAL Records: Baltimore City Hospital SECURITY NO. causes 4940 Eastern Ave 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (A) Arterio-sclerotic Heart Disease (This does not mean the mode of dying, e.g., ? YES RESERVED write heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) M yocardial Insufficiency ? mos. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Y, WITH important. 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TE PLA especially OF INJURY AT WORK 22. I hereby certify that I attended the deceased from 8-7 _. 1952, to_ _, 19_53 that I last saw the 2-6 19 53, and that death occurred at 7:50p m., from the causes and on the date stated above. deccased alive on 2-6 23A. SIGNATURE 23c. DATE SIGNED 102 4940 Eastern Ave, Balto. Md. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) PLEASE correct ag 24c, NAME of CEMETERY OR CREMATORY | 24b, LOCATION (City, town, or county) Cremation Green Mount Crematory Balto. Md DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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rj	1.	NAME F DECEASED GEORGE W. HOVERMALE		2. DATE OF Feb.	9, 1953
pplie		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	DEATH	
ally supplied.	H	FULL NAME OF OF SPITAL OR HOOD Nursing Home location) 5313 Edmondson Ave.		utside corporate limits, v	vrite RURAL and give township)
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NG ormati death	C	eorge Hovermale	14. MOTHER'S MAIDEN NAM Sarah Fearnow	иЕ	
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FOR y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ghal Human	logs	INTERVAL BETWEEN ONSET AND DEATH
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Se is		AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	2424 Entaw	Place CATION (City, town, or	2 - // V) county) (State)
PLEASE correct ag	E	Burial 2/12/53 Woodlawn Cem. ATE RECEIVED BY REGISTRAR'S SIGNATURE	Wood 25 FUNERAL DIRECTOR.	lawn, Md.	DDRESS
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	E.		E OF DEATH Registered No.	526
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cully supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUA RISIDENCE (Where deceased lived. If in B. COUNTY	nstitution : /esidence before admission)
ully a		JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
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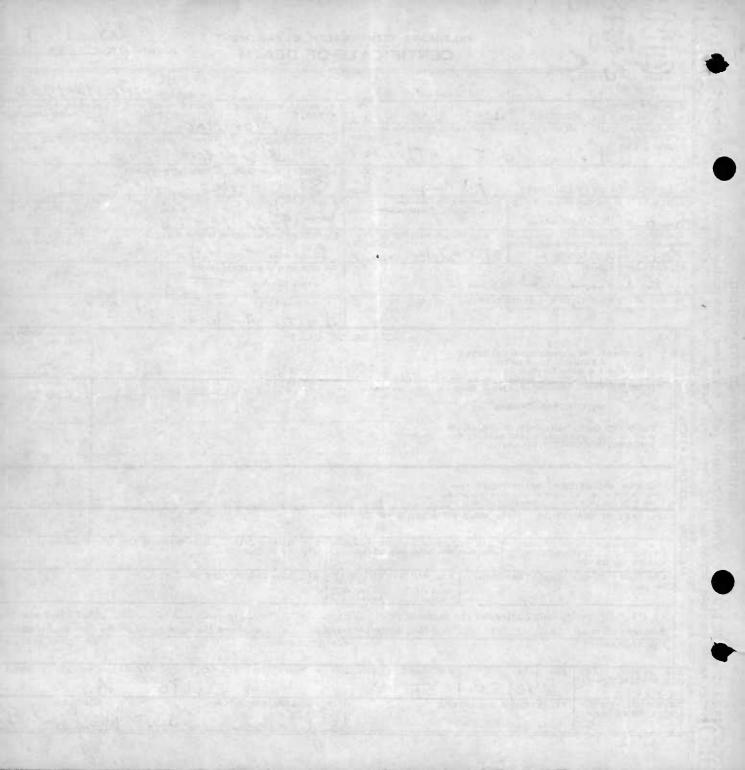
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H	FULL NAME OF STATE OF	1727 Eas		locati	c. CITY OR		f outside corporate l	imits, write RU	RA
c.	. Length of st	ay in Baltimore		Yr Mo Da	8. 7797		rural, give location 30th Stree		
5.	male	6. COLOR OR RACE White	WIDOW	MARRIED. ED. DIVORCED (Spec	8. DATE OF	BIRT 1905 , 1996	9. AGE (in year		Ho.
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13	3. FATHER'S N Dennis	B. Pearce				he Mobr			
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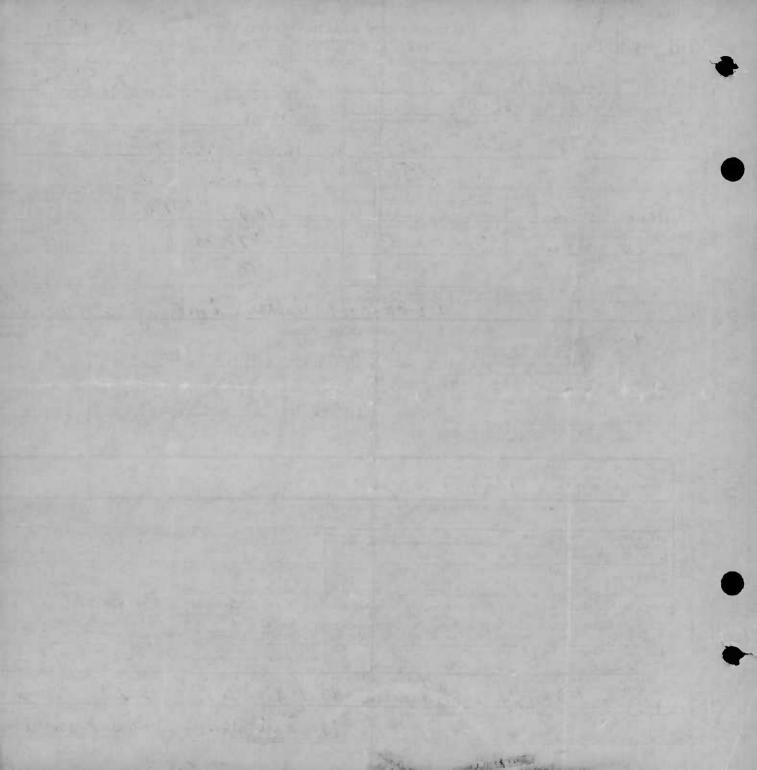
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) 12 NO (If not in hospital or institution, give street address or B. FULL NAME OF docation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) IMore legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be early and l 5. SEX 6. COLOR OR RACE SINGLE, MARRIED 9. AGE (In year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Kel 90 rdener WHAT COUNTRY? information s gardener 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO INTERVAL BETWEEN item 18. CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ΰ 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY TE PLA WHILE AT NOT WHILE AT WORK WORK 720-1-, 1993 that I last saw the 22. I hereby certify that Lattended the deceased from_ deceased alive on Lety-1923 and that death occurred at 130 Am., from the causes and on the date stated above, 23A. SIGNATURE 23s. ADDRESS 23c. DATE SIGNED 2 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) PLEASE Duria DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



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)3	1531 RTH NO.	CERTIFICATI		Registered	No. 1531
	NAME OF DECEASED ype of Wint LLAM	MEADS		2. DATE OF DEATH	8 53
Α.	PLACE OF DEATH: Baltimore City, Maryland	alto!	4. USUAL RESIDENCE (Where deceased lived, I B. COUNTY	f institution: residence before admissio
HC	FULL NAME OF (If not in hospital or STITUTION 220)	institution, give street address or location)	c. CITY OR TOWN (II	f outside corporate lim	its, write RURAL and gi
W	Tanah af akan in Balkimana	475 Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
		Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hou Ionths: Days Hours Min
10	male While	Widower S. KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	75	12. CITIZEN OF
	A. USUAL OCCUPATION (Give kind of local done during most of working life, even if retired)	Teeh Co	9m	d	WHAT COUNTR
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FOR (If yes, give war or dates of se	RCES? 16. SOCIAL rvice) SECURITY NO. 216-03-00	17. INFORMANT- 4 Walter Sa	merina 6	337 Augusto
IFICATION	DISEASE OR CONDITION DIR. LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	ing, e. g., (A)	teriosolero Keart Dis	Acc Essf	
ERTI	TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	ISING IT.			
AL C	19a. DATE OF OPERATION 19b. N	MAJOR FINDINGS OF OPER	RATION		YES NO
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	1B. PLACE OF INJURY (e. g., in the home, farm, factory, street, onice bldg.,		If in Baltimore City,	give exact location)
Σ	210. TIME (Month) (Day) (Year) (Hou OF INJURY	WHILE AT NOT WHILE AT WORK		Y OCCUR?	•
	22. I certify that I took charge		Autopsy,	Inspection or Inquery	rechter and pro
	the evidence obtained by said and death in my opinion rest	l Autopsy, Inspection or l ulted from: natural cause	Inquiry, find that sold d		the day stated about undetermined .
	234. SIGNATURE	nuescadi »	23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER	2/8/53
24 TIC	4A. BURIAL, CREMA- 24B DATE ON, REMOVAL (Specify)			OCATION (City, low)	n, or county (State
	ATE RECEIVED BY REGISTRAR'S SI	GNATURE 0 0	25 FUNERAL DIRECTOR BUSHANDO	ile 1000x	ADDRESS 1. Paca Sty

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1	5	3 153	32	ВА		EALTH DEPARTMENT	Deutster	53 1532
•	ВІ	RTH NO.			CERTIFICAT	E OF DEATH	Registered	1 No
ed. J		NAME OF D 'ype or Print)		el T.Br	annan		2. DATE OF DEATH FE	b 10th.1953
lly supplied.	A.	PLACE OF D Baltimore (City, Maryland81		.PK.Ave.	4. USUAL RESIDENCE (VA. STATE 814 N. Pat.Pk.	B. COUNTY	If institution: residence before admission)
	H	OSPITAL OR	OF (II not in nospi	tai or institu	location			mits, write RURAL and give township)
ca. legibly	c.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If		
NDING information should be call of death clearly and legibly		sex Male	6.COLOR OR RACE	WIDO	E. MARRIED. WED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years)	Months Days Hours Min.
n shot	MOL	A. USUAL OC done during most etired P	CUPATION (Give kind of working life, even if retired olice		D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY
atio th	13	FATHER'S	•			14. MOTHER'S MAIDEN N	AME	
NG dea	_			hael Br		Mary Mc.Ilh	lenny	
BINDING of inform uses of dea	(Ye	a, no or unknown)	ED EVER IN U.S. ARME (If yes, give wer or dat		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs.Margaret Ade	lung 814.N.	ADDRESS PataPkaAvea 5
EESERVED FOR INK. Every item lease write the car	CATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEA not mean the mode ire, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS, THE ABOVE CAUSE (A) VING CONDITION L	TH of dying, e. ans the disea caused deat SES IF ANY, GIVI STATING T	g., (A) Se, se, h.) DUE TO	rowny Th	ionbori	INTERVAL BETWEEN ONSET AND DEATH 2 day
MARGIN F UNFADING Physicians: p	CERTIFI	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED MY	ordial Insu	4-	1 day
hd .	AL	19a. DATE (OF OPERATION	19в. МАЈО	R FINDINGS OF OPE	RATION		20. AUTOPSY?
Y, WITI	EDIC		DENT WAS UNDER . R CONTRIBUTING DEATH		ACE OF INJURY (e. g., , farm, factory, street, office bldg		If in Baltimore City	y, give exact location)
4 5	Σ	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
TE PLA especially		22. I hereb	y certify that I at			-///-3, 19, to		Lithat I last saw the
TE s esp		deceased a		, 19	and that death occu	urred atm., from t	he causes and on	the date stated above
e 🗸		237. 314.4	and m	ulle	м. р.	4510 2 test	and Rd	12/11/50
SE W	Z. Ti	4A. BURIAL. ON. REMOVAL (S	Specify)	,	24c. NAME OF CEMET		OCATION (City, to	wn, or county) (State)
PLEASE correct ag		Burial ATE RECEIVE	Feb.13		Holy Redeme	er Cem.	Balto. Md.	ADDRESS
PICOI	L	OCAL REGIST	RAR	Zov 4	5 3 00	Thilis Bur	2024	Orleans St.31
		VS 150	1	,	772 9	93 /		

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VED F	Every it	write the
KENER	INK.	please
MAKGIN KESEKVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully sur	correct age is especially important. Physicians: please write the causes of death clearly and legibly
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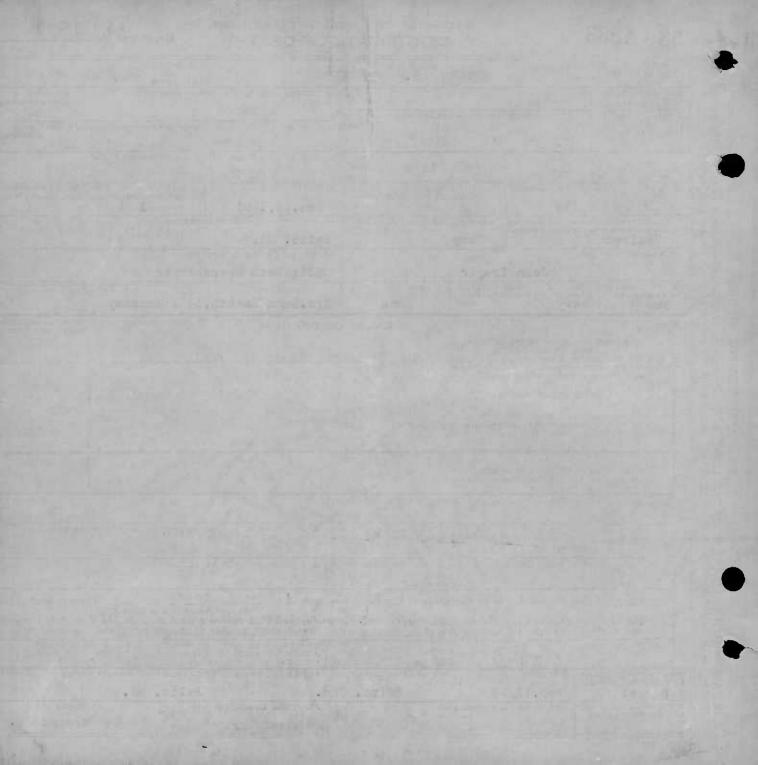
BALTIMORE	CITY	HEAL"	тн	DEPARTMENT
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Registered No. 1533

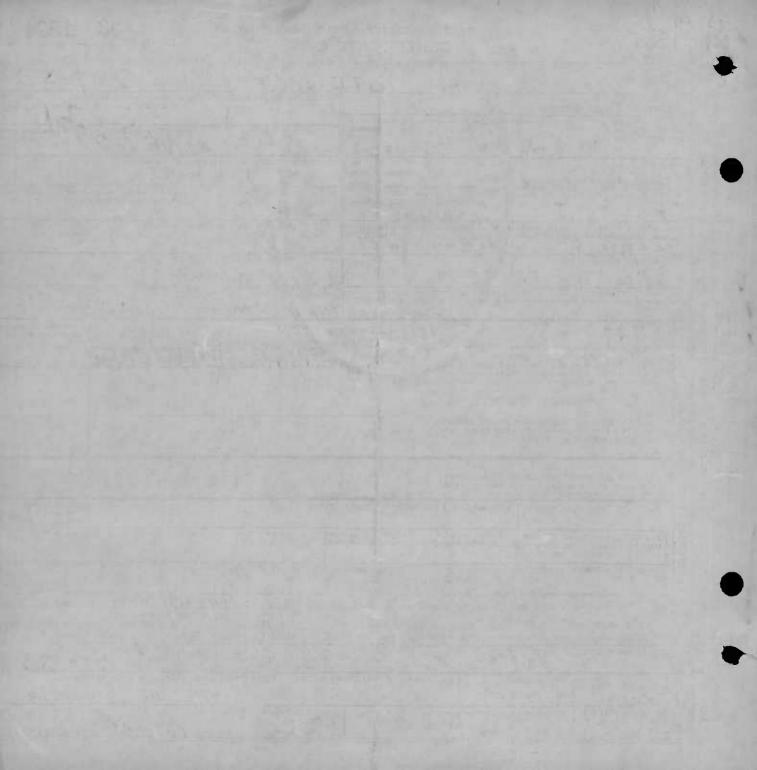
BIRTH NO.							
1. NAME OF D (Type or Print)	ECEASED	EDWAR	D S. TRAGI	ER	2. DATE OF DEATH	Feb. 1	0, 1953
	City, Maryland			4. USUAL RESIDE	ENCE (Where deceased I		titution : residence before admission)
B. FULL NAME HOSPITAL OR	OF f not in hospit	al or institut	ion, give street address or location)	C. CITY OR TOWN		te limits, v	write RURAL and give
INSTITUTION	St. Joseph	h's Hos	pital		imore 9 (0-1	township
			Yrs.		ESS (If rural, give locat	ion)	
c. Length of s	tay in Baltimore		Life Mos.	3401	Juneway Stree	et	
5. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED,	8. DATE OF BIRTH	9. AGE (In v	ears If the	der 1 Year If Under 24 Hours
Male	White	D	ED, DIVORCED (Specify)	Jan.29,190	1 1 51	ay) Monti	hs Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR		State or foreign country)	12	2. CITIZEN OF
Retired	working life, even if retired)	Navy	INDUSTRY	Balto. Md.			WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME		
	John 1	Trager		Elizabeth	Moersberger		
15. WAS DECEASE (Yes, no or unknown) Yes	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs.Emma Ms	seth, 3401 Jun		RESS
DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING	ure, asthenia, etc. It mea complication which complication which complications are complicated as a complication with the above cause (a) ying condition to the death, but is case or condition	eaused death SES FANY, GIVIN STATING TH ST. TIONS CON	(B)				
A STATE OF THE STA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FINDINGS OF OPER	ATION			20. AUTOPSY?
1							YES X NO
UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		ID (If in Baltimore R?	City, give	e exact location)
	(Month) (Day) (Year)	V	VHILE AT NOT WHILE	21F. HOW DID	INJURY OCCUR?		:
the evi	idence obtained by	ge of the	remains described a psy, Inspection or I rom: <u>natural cause</u> s	nguiry, find that	autopsy Autopsy, Inspection or It said deceased died suicide , homicide	on the	thereon and from day stated above, letermined .
23A. SIGNAT	TURE P.	Fr	la_M	238. CHIEF ME ASSISTANT ME D. MEDICAL INVE	DICAL EXAMINER DICAL EXAMINER STIGATOR	23c. Feb	. 10, 1953
24A. BURIAL, O	REMA- 24B, DATE pecify)		24C. NAME OF CEMETE	RY OR CREMATORY	24d. LOCATION (City	, town, or	county) (State)
Burial	Feb.13/		Balto. (Balto. M		
DATE RECEIVED		S SIGNATU	RE CO. CO.	25 FUNERAL DIR	Doughlas		Orleans St.

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Registered No. 1534 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) RYSTAL OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate amit, write RERAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION township) carefully Hospita (If rural, give location) legibly. Yrs. Mos. c. Length of stay in Baltimore Days AGE (In years N Under 1 Year H Under 24 Hours 6. COLOR OR RACE | 7. SINGLE, MARRIED. last birthday) Months Days Hours Min. and WIDOWED, DIVORCED (Specify) MARRIED should 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A, USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR clearly INDUSTR WHAT COUNTRY work done during most of working life, even if retired) SHIRIA EAMSTRESS information s of death cle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME TKNOWN BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO (Yes, no or unknown) CAMPBELL 1608 24-14-14-61 Every item of i 3 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Heart Viscour LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) ... MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT ш U 20. AUTOPSY 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB. EDI UTING | CAUSE OF DEATH. 21E. INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT ecially WORK 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above RITE is esp and death in my opinion resulted from: natural causes X, accident [, suicide [] . homicide [] , undetermined 23B. CHIEF MEDICAL EXAMINER 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. 200 MEDICAL INVESTIGATOR PLEASE 24c. NAME OF CEMETERY OR CREMATORY | 24o. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) correct BEMOUAL 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SPONATURE REGISTRAR VS 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE James Dent (Type or Print) Feb. 9, 1953 information should be fully supplied, of death clearly and legibly. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, while R. D. and give INSTITUTION 1444 N. Mount St. townshin) Balto. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1444 N. Mount St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED, 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work don't during meet of working life, even if retired) Davis Chemicais WHAT COUNTRY? Charlotte Hall, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Dent Mary Henderson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. Wm Dent 1357 N. Gilmor St. no 1197X INTERVAL BETWEEN 18. item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DNEUMONIA Every (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CARDIO VASCULAR ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from FEB 9 19 13 to FEB 9, 19 13, that I last saw the deceased alive on FEB 9, 19 13, and that death occurred at 7 2 mm, from the causes and on the date stated above. RITE is espe 23A. SIGNATURE 23c. DATE SIGNED rer 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE Burial /53 DATE RECEIVED BY Mt AUDULT 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE deo. G. Kelem 1303 Presstman St. LOCAL REGISTRAR VS 150 Hes. G. Ke

6 5 . HO . JEST SOCKED BUILDING BOTH ESCHOOL BEEN TO COME THE

carefully supplied.

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1536 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Feb. 9, 53 MARY R. BUTLER OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate mits, write NUNAL and give C. CITY OR TOWN INSTITUTION township) 206 N. Mount St. Balto. legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 206 N. Mount St. c. Length of stay in Baltimore Days information should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. OATE OF BIRTH 9. AGE (In years | I Under I Year If Under 24 Hours last birthday) | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) 1869 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY O.A.P St Marv's Go. Md. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wim Clark Henrietta Young 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ao or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT AOORESS (Yes, ao or unknown) SECURITY NO. em of in 110 Lucy M. Carter 206 N. Mount St. NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It mcans the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED บิ TO THE DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION 19B. MAJOR FINOINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF OEATH 21F. HOW OIO INJURY OCCUR?

especially

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PLEASE

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deceased alive on 2-7-5319 23A. SIGNATURE

21E. INJURY OCCURREO 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE ne deceased from 10-4-1957, to 2-9-5319, that I last saw the and that death occurred at 530 pm. from the causes and the

the willing

22. I hereby certify that I attended the deceased from 10-4

1816n. mo

25. FUNERAL DIRECTOR

23c. OATE SIGNED

24A. BURIAL, CREMITION REMOVAL (Species)

53 REGISTRAR'S SIGNATURE

248. DATE

St Peters

24C. NAME OF CEMETERY OR CREMATORY

GV Kelson 1303 Presstman St.

24D. LOCATION (City, town, or county)

OATE RECEIVED BY LOCAL REGISTRAR

Balto. Md.

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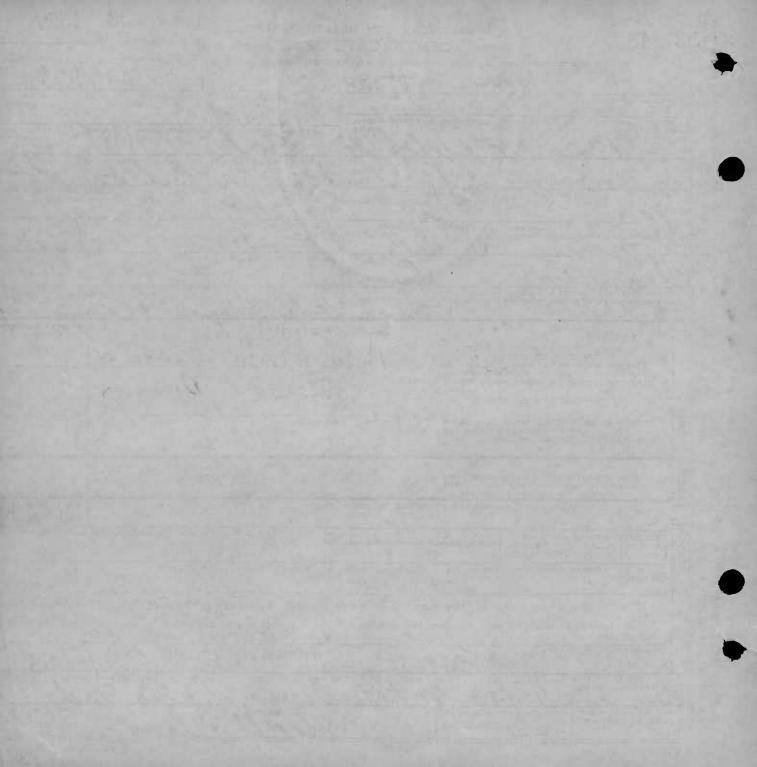
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1537

Registered No.

BI	ETH NO.		SERTH TOATE	OI DEMINI			
1. (T:	NAME OF DECEASED pe or Print)	tenry	Harri	5	2. DATE OF DEATH	2/7/5	-3
Α.	PLACE OF DEATH: Baltimore City, Maryland			A. STATE	Where deceased li B. COUN		: residence ore admission
HC	FULL NAME OF (If not in h SPITAL OR STITUTION	ospital or institution	on, give street address or location	CITY OR TOWN	If outside corpora	te imits, write	I and give township
0	1328	malu		D. STREET ADDRESS	If rural, give locat	m) 0.	.01
-	Length of stay in Baltimo	ACEL 7 SINGLE	Mos. Days A	328 M	9. AGE (In ye	ears If Under I Year	If Under 24 Hours
	mc		ED DIVORCED (Specify)	1877 1. BIRTHPLACE (State or	foreign country)	Months Days	
	A. USUAL OCCUPATION (Give a done during most of working life, even if re		A. P.	mal	Toreign country)		T COUNTRY
13	ATHER'S NAME	140	Sal	4. MOTHER'S MAIDEN	NAME		44
15 (Yes	WAS DECEASED EVER IN U. S. A. no or unknown) (If yes, give war o	RMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	7 INFORMANT	•	ADDRESS	1733
	18. 422.1		CAUSE O	F DEATH	per	INTER	RVAL BETWEEN
	DISEASE OR CONDIT	DEATH	1.	nescleration	Card	•	I AND DEAT
	(This does not mean the m heart failure, asthenia, etc. I injury or complication wh	t means the disease	,	Vascular	Disea		***************************************
	ANTECEDENT	CAUSES	(B)		13/15/20		
NOIL	DISEASES OR CONDITIO RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING TH	G				************************
CA			(C)				
RTIF	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH,	BUT NOT RELATE	D				
CE	TO THE DISEASE OR COND 19A. DATE OF OPERATION		FINDINGS OF OPERA	rion		20.	AUTOPSY?
AL						YES	
EDICA	21A. EXTERNAL CAUSE WA UNDERLYING OR CONT UTING CAUSE OF DE	RIB. about home, fa	CE OF INJURY (e. g., ln o irm,factory,street,office bldg.,etc.		(If in Baltimore	City, give exact	location)
Σ	21D. TIME (Month) (Day) (OF INJURY		THE AT NOT WHILE AT WORK	21F. HOW DID INJU	RY OCCUR?		
	22. I certify that I took			Autonsi	v. Inspection or l	nquiry	on and from
	the evidence obtained and death in my opin	d by said Autorion resulted for	psy, Inspection or In rom: natural causes	quiry, find that said X , accident \square , suicid	d ceased died l c \square , homicide	on the day s \square , undeterm	unca [].
	23a. SIGNATURE	RANGA	le M.D	23B. CHIEF MEDICAL ASSISTANT MEDICAL	L EXAMINER	23c. DATE	SIGNED
	A. BURIAL, CREMA- 24B. IV. N. REMOVAL (Specify	TE 2	4C. NAME OF CEMETER			y, town, of county	(State)
	TE RECEIVED BY REGIST	RAR'S SIGNATU	RE COLOR	5. PUMERAL DIRECTOR	nacro	ADDIVES	5/303
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V	S 151					meas	The same of the sa



NAME OF DECEASED 2. DATE (Type or Print) DEATH USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside exporate limits, write NURAL and give INSTITUTION township) 2101 W. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (in years If Under I Year If Under 24 Hours WLEOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 600 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTE 10B, KIND OF BUSINESS OR INDUSTRY ork done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION -19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

OF INJURY

UNFADING Physicians: p

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22. I hereby eertify that I attended the deceased from deceased glive on 1 23A. SIGNATURE

24A. BURIAL, CREMA-TLOTO. REMONAL (Specify)

REGISTRAR'S SIGNATURE

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24C. NAME OF CEMETERY OR CREMATORY

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23B. ADDRESS

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from the causes and on the datestated above.

19 That I last saw the

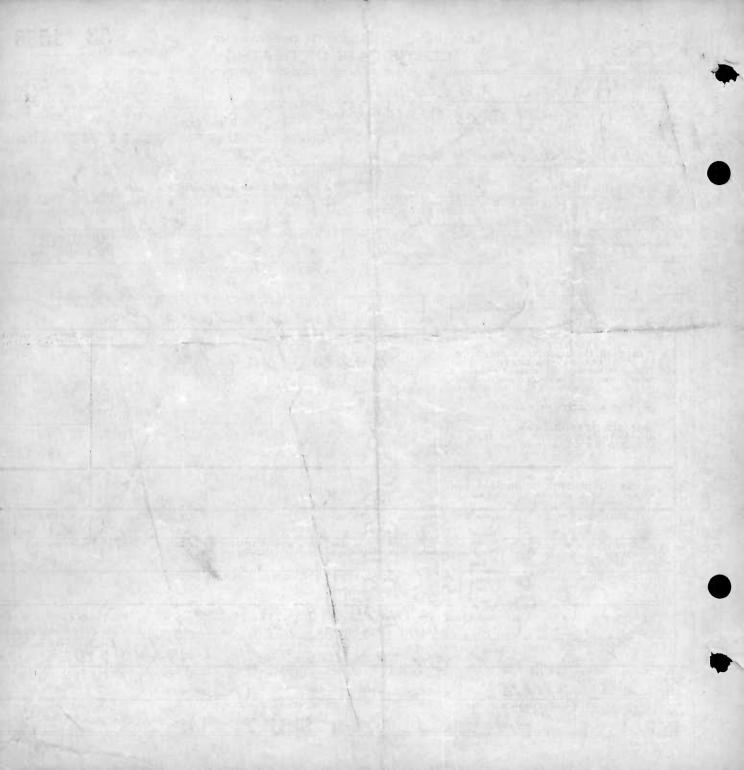
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and that death occurred at

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INTERVAL BETWEEN

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20. AUTOPSY

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PLEASE

11	157		
	BALTIMORE CITY HE	ALTH DEPARTMENT 53	1540
E	CERTIFICATE	E OF DEATH Registered No	
	NAME OF DECEASED Ada Stowell Fo	2. DATE 29/1953	305
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institutio	on: residence cfore admission
В	FULL NAME OF (If not in hospital or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits, with R	7/
1	NSTITUTION LOO HOME WOOD TENSUCE	Be Co	township
	Yrs.	D. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore Days SEX 6.COLOR DR RACE 7. SINOBE, MARRIED.	200 Howewood Jerry	
5	Enale Whitz Married	8. DATE OF BIRTH 9. AGE (In years if Under I year last birthday) Months: Day	
1 wo	OA. USUAL OCCUPATION (Givekind of tob. KIND OF BUSINESS OR INDUSTRY		IZEN OF AT COUNTRY
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Joseph 45m Stowell	Vosephine Michaelo	
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT 2 OFFRESS	. 0
-	4	Went a Viench Howewood	ller.
	18. 420. CAUSE C		RVAL BETWEEN ET AND DEATH
	(This does not mean the mode of dying, e.g.,	vary Thrombasic	
	heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TD		***************************************
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ATION	DISEASES OR CONDITIONS, IF ANY, GIVING	a lend diser to	00.1951
FA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FIC			
RT	OTHER SIGNIFICANT CONDITIONS CON-	3	
CE	TRIBUTING TO THE DEATH, BUT NDT RELATED TD THE DISEASE OR CONDITION CAUSING IT.		
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20	S No
DIC	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., in LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et	or 21c. WHERE DID (If in Baltimore City, give exact	
ME	CAUSE OF DEATH		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	D 21F, HOW DID INJURY OCCUR?	
	m. WORK AT WORK	20 30, 101, to Fet 9, , 1950, that I	7.7
	22. I hereby certify that I attended the deceased from deceased alive on Hell 8, 1953, and that death occurr	20. 6	
	23A. SIGNATURE 23	38 ADDRESS / 23c, D	ATE SIGNED
2	4A. BURIAL, CREMA- 24B, DATE 24C. NAME OF CEMETER	111100000000000000000000000000000000000	y (State)
7	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER ON REMOVAL (Specify) 2/12/53 24. S. Natio	nal Balto, Ma	(-
	ATE RECEIVED BY REGISTRAR'S SIGNATURE.	25. FUNERAL DIRECTOR ADDRE	ss
1	FEB REGISTRARY	15 6 mg Suc. 1217 St. Paul	ST.

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	BIRTH	NO.			CERTIFICAT	E OF DEAT	Н	Registered	No	1
1.	NAM	E OF DECEA		AROLYN	C. COFFIN			DATE OF DEATH Febru	ary 9, 19	953
Α.	. Balt	imore City,	Maryland	al or institut	ion, give street address o	4. USUAL RESID				dence
II H		AL OR	21 York Cou		location		(lf ou si	orporate iimi	ts, write RURAL to	and giv
			n Baltimore		Yrs. Mos. Days		on Stree			
5 and		ale ,	hite	mar	E. MARRIED, ZED, DIVORCED (Specify TIED		889	last birthday) M	onths Days Hou	der 24 Hour rs Min
clear!	rk dooe d	UAL OCCUPA uring most of work retary	ATION (Give kind of lng life, eveo if retired)	Auto T	rade Assn.	Baltimore			12. CITIZEN C WHAT CO	OF UNTRY
death	3. FAT	HER'S NAME	nes Bowen			14. MOTHER'S MA				
causes of	5. WAS	DECEASED EV	ER IN U.S. ARMED yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Robert	Sutton,		ddress Court	
Physicians: please write the cau CERTIFICATION	11	ANT DISEASES OR SISE TO THE A	thenia, etc. It mea plication which c ECEDENT CAUS CONDITIONS, 11 BOVE CAUSE (A) CONDITION LA	aused death ES FANY, GIVII STATING TI	(B)	w-care	ruding	calor		
Physic CERT		RIBUTING TO	THE DEATH, BUT	NOT RELAT	- Pulmos	an out	balu,	? _/ /	15 me	ig
important. I	19A. 21A. HOM	ACCIDENT.	SUICIDE.	218. PLA about home,	FINDINGS OF OPE Cardi No ACE OF INJURY (e. R., Garm, factory, street, office bldg.	in or 21c. WHERE E.,etc.) INJURY OCCU	OID (If in	Baltimore Sty,	YES D	NO C
	OF I	NJURY	th) (Day) (Year)	m.	21E. INJURY OCCUR! WHILE AT NOT WHILE WORK AT WORK					533
e is especially	dec	I hereby cer cased alive of SIGNATURE	n Feb. 9	ended the ., 19 53 .,	deceased from and that death occu	rred at 7. 45P m. 23B. ADDRESS		n# 4.1		d abov
ct age	24A. B JON. RE DUIT	URIAL CREM MOVAL Specif	A: 248. DATE y) 2/12/53		Parkwood Cer	ERY OR CREMATORY	Parkvil	TION (City, town	or county) Marylan	(State)
rre	DATE F	RECEIVED BY		SSIGNATU	JRE COUNTY A	25. FUNERAL DIR	ECTOR	1217 St.	ADDRESS	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53- 1542 Registered No.

BIRTH NO.						
1. NAME OF C (Type or Print)	George Wa	tson			2. DATE OF 2- DEATH	-9-1953
	City, Maryland	ity Hos		4. USUAL RESIDEN A. STATE Mary land C. CITY OR TOWN Baltime	(If outside corporate)	d. If institution: residence before climission) imits, white RURAL and give township)
c. Length of s	etay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	is (If rural, give location 20th Street)
5. SEX	6. COLOR OR RACE	Sing	E, MARRIED. VED, DIVORCED (Specify) 31e	Aug. 21, 18	9. AGE (In years last hirthday)	s If Under I Year I Under 24 Hours Months Days Hours Min.
Ret. Arma	CUPATION (Give kind of of working life even if retired) Lure winder	Rowan	OF BUSINESS OR CONTROLLERY	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	njamin Watson			14. MOTHER'S MAIL Elizabeth		
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. 494	O Eastern Ave.	(record)
(This doe heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA's s not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION LA	TH If dying, e. g ns the diseas caused death SES F ANY, GIVIN STATING TH	(B)Arte	rdial Infarct	ion Heart Desease	onset and death 2 wks
19A. DATE	II SIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	NOT RELATE	ED	RATION		20. AUTOPSY?
LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL/about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE DIE	O (If in Baltimore Ci	ty, give exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK		NJURY OCCUR?	
22. I herel deceased a		tended the, 19_53,	and that death occur		from the causes and o	9 53 , that I last saw them the date stated above.
24A. BURIAL, TION, REMOVAL (tto In he	rellen	M. D.	4940 Eastern	Avenue 24d. LOCATION (City, to	2-9553
burial	2/12/	53	Mt. Olivet Ce	metery	Baltimore,	Maryland
LOCAL REGIST		S SIGNATU	15/1340 AD	25. FUNERAL DIRECT	a .	St. Paul Street

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W	53 B	1 - 123/7	REALTH DEPARTMENT X Registered No. 1543	
lied.	1.	NAME OF DECEASED Romueld With	Rouski 2. DATE OF DEATH Feb 10,1953	3
ully supplied.	A. B.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of		
ully ly.		OSPITAL OR JOHNS HOPKINS HOSPITAL location	c. CITY OR TOWN (If outside corporate limits, write RURAL and towns	
legib	C.	Yrs. Length of stay in Baltimore Days	11200 -010 04	
information should be considered to the constant of death clearly and legibly.		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	7-12-19481 4	
on sh	wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) Y 12. CITIZEN OF WHAT COUNT	rry
NG prmati death		Stanley Withoushi.	14. MOTHER'S MAIDEN NAME	
BINDING of inform uses of deg	(Ye	was DECEASED EVER IN (U.S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMAS HOPKINS HOSPITAL ADDRESS	
RESERVED FOR INK. Every item please write the can	FICATION	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	of DEATH Neigh Failence La Septal Defect	
MARGIN UNFADING Physicians:	CERTI	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		/
Ht.	CAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPS	-
Y, WITI	MEDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING Doubt home, farm, factory, street, office bldg		
LA ally in	-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY m. WHILE AT NOT WHILE AT WORK		
RITE PI		22. I hereby certify that I attended the deceased from deceased alive on 1953, and that death occu	irred at 11.40 m., from the causes and on the date stated ab	ove
ge is	2	AA. BURIAL, CREMA- 246 DAGE 24C. NAME OF CEMET	23B. ADDRESS HOPKINS HOSPITAL 23c. DATE SIGN	ate)
PLEASE correct age	Tri D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Mulwaukel Miss.	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1544

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF CHARLES TOLLE DEATH EB: 9:1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR WINDSOR NURSING HOME location) C. CITY OR TOWN (If outside corporate limits write RURAL and give township) 3025 Windsor Ave. Baltimore City Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Life Davs 2658 Lehman Street information should be of death clearly and l 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years if Under I Year if Under 24 Hours last birthday) Months: Days Hours: Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) Male White Widowed July 8:1866 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Building Carpenter Baltimore Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles A. Tolle Unknown 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) No. Matilda M. Shaffer-2658 Lehman St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK , 1952, to 7.sa. 9 22. I hereby certify that I attended the deceased from Jet. . 1953, that I last saw the 19 53 and that death occurred at 2 34p m., from the causes and on the date stated above. deceased alive on the 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 3048 2/10 West North Ave. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY or CREMATORY | 24c. LOCATION (City, town, or county) 24B. DATE

Burial

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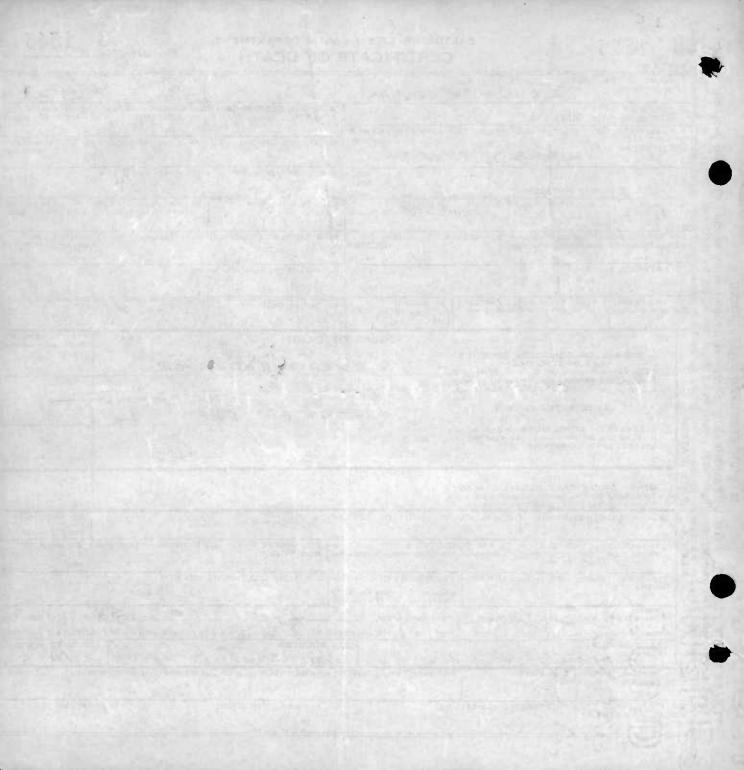
Feb: 12:53 Lorraine Park Cem Woodlawn Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR

ully supplied.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) OF JOHN + REED MAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR If outside corporate limits, write RURAL and give C. CITY OR INSTITUTION JIVERSIT Yrs. (If rural, give location) D. STREET ADDRESS information should be c Mos. c. Length of stay in Baltimore vev Days 6. COLOR OR RACE 7. SINGLE MARRIED 9. AGE (In years If Under 1 Year If linder 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Main tain Puel May 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 5012 E.Oliver S treedman No -01-0691 18. OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH RCINOCUADE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION AUTOPSY 21B. PLACE OF INJURY (e. s., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK 22. I hereby certify that I attended the deceased from. 195 deceased alive on 2. and that death occurred at m., from the causes and on the date stated above. 23A, SIGNATURE 23C. DATE SIGNED Warn 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Suvia DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR SIGNATURE ADDRESS LOCAL REGISTRAR

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B=	Sign	BALTIMORE CITY HE CERTIFICATION OF THE CERTIFICATIO	
ed.	(T	NAME OF DECEASED Jerone Bradlo	2. DATE 2 9 53
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, In institution: residence a. STATE B. COUNTY before admission)
ully y.	H	OSPITAL OR STITUTION HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)
e c. legibl	بيعر	Yrs. Mos. Davs	D. STREET ADDRESS (If rural, give location)
ld b		Mole 6. COLOR OR RACE 7. SINGLE, MARRIED, WOOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under 1 Year if Under 24 Hours last birthday) Months: Days Hours Min.
(1)		A. USUAL OCCUPATION (Givekindol 10B. KIND OF BUSINESS OR INDUSTRY	Pallimare
VDING information of death cl	13	FATTERS NAME Bradford	14. MOTHER'S MAIDEN NAME
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ITE PI especi		22. I hereby certify that I attended the deceased from	red at 11.36 Pm., from the causes and on the date stated above.
is is		23A. SIGNATURE Have M. D. 2	OHNS HOPKINS HOSPITAL 23C. TATE SCHED
PLEASE v	24	AA. BURIAL, CREMA- N. REMOVAL (Specify) Leb Ballinger	REPORTED 24D. LOCATION (City, town, or county) (State)
PLEAS	D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Freda W. Ozganoki 1930 PRESS
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BALTIMORE CITY HEALTH DEPARTMENT Registered 1 CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF 10/53 illy supplied. DEATH Anthony Bechler 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION B on Secours Hospital township) Yrs. D. STREET ADDRESS (If rural, give location) information should be confidently and legi-Mos. 3726 Old Frederick Road c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours! Min. Male White Married 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Mailschester Joseph Bechler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. causes Jo 202.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., Retroperitoneal Lymphoma 6 months heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY None YES X 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE ITE PLA 1953 to 2-10 , 183, that I last saw the 22. I hereby certify that I attended the deceased from / -/ D deceased alive on 2-10 m., from the causes and on the date stated above. 1953 and that death occurred at 4 23A. SIGNATURE 23c. DATE SIGNED TION REMOVAL (Specify Oursel ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

WHICH SHOULD AND A THE The second secon Of the Property of the Propert

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Sister Christine Kane fully supplied DEATH February 10, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland St. Agnes Hosp. Balt. B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or Md. Emmitsburg HOSPITAL OR INSTITUTION (If outside corporate limits, write RURAL and give c. CITY OR TOWN township) St. Agnes Hospital Baltimore, Md. St. Joseph's Central House D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days information should be of death clearly and 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months; Days WIDOWED, DIVORCED (Specify) Hours Min. Female Single 1880 White 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Mary 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Jo Every item o INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY accisiona, PCt. Tuas LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR EINDINGS OF OPERATION "Treast, well 21c. WHERE DID

20. AUTOPSY (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

22. I hereby certify that I attended the deceased from

NOT WHILE AT WORK

23B. ADDRESS

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deceased alive on 2-/0 23A. SIGNATURE

195 and that death occurred at_

195 2to

INJURY OCCUR?

REGISTRAR'S SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

m., from the causes and on the date stated above.

23c. DATE SIGNED 24D. LOCATION (City, town, or county)

. 195 that I last saw the

24A. BURIAL, CREMA-TION REMOVAL (Specify) DURIAL DATE RECEIVED BY LOCAL REGISTRAR

DATE

VS 150

The Committee of the Land of t

(If in Baltimore City, give exact location)

BALTIMORE	CITY HEALTH DEPARTMENT	3 1551
	IFICATE OF DEATH Registered	No.
ME OF DECEASED	ZIMMERMAN (SR.) 2. DATE OF DEATH Feb.	.10,1953
ACE OF DEATH: Itimore City, Maryland L NAME OF (If not in hospital or institution, give structure) St. Joseph's Hospital ngth of stay in Baltimore 11fe 6.COLOR OR RACE 7. SINGLE, MARRIEL WIDOWED, DIVOR	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside corporate in Baltimore D. STREET ADDRESS (If rural, give location) 17 W. Fort Avenue - 30 D. 8. DATE OF BIRTH 9. AGE (In years)	If institution: residence before admission
SUAL OCCUPATION (Give kind of during most of working life, even if retired) etired R.R.Clerk. B.& O THER'S NAME Zimmerman	NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
AS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECU	JRITY NO. Mary Zimmerman, 17 W. Fort	ADDRESS t Ave.
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH Cerebro-vascular accident	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Paget's disease	
A. DATE OF OPERATION 19B. MAJOR FINDING	S OF OPERATION	20. AUTOPSY?

21c. WHERE DID

INJURY OCCUR?

OTHER SIGNIFICANT O TRIBUTING TO THE DEATH TO THE DISEASE OR CON 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

15. WAS DECEASED EVER IN U. S.

CAUSE OF DEATH

(Yee, ao or unknown)

No.

18.

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MARGIN RESERVED FOR

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		21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY m.	WHILE AT NOT WHILE AT WORK		
	22. I hereby certify that I attended th	e deceased from Feb.	6 th , 1953, to Feb. 10 th15	3, that I last saw the
	deceased alive on Feb. 10 ,49 53	., and that death occurred	i at 1:55pm., from the causes and on	the date stated above.
	23A, SIGNATURE	// / 23B.	ADDRESS	23c. DATE SIGNED

24A. BURIAL. CREMA-TION, REMOVAL (Specify)

10.1953 Caroline Street 24C, NAME OF CEMETERY 24D_LOCATION (City, town, or county)

DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS

about bome, farm, factory, street, office bldg., etc.)

VS 150

LOCAL REGISTRAR

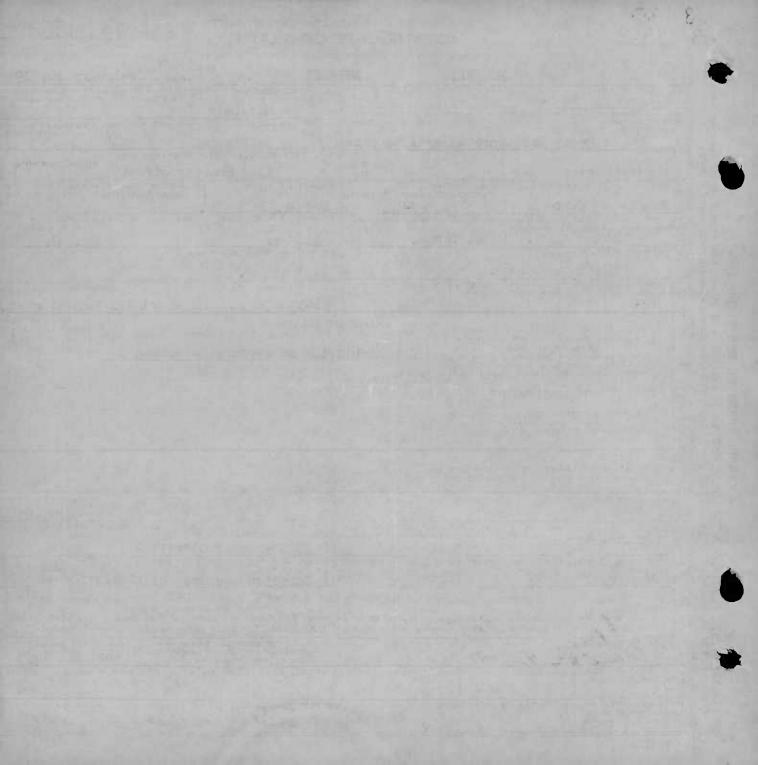
A MARKET THE STATE OF THE STATE APPENDED TO THE MEDICAL SERVICE OF THE PARTY OF

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N-965.9

BALTIMORE CITY HEALTH DEPARTMENT

	1552 RTH NO.	1	BA	CERTIFICAT	EALTH DEPARTM E OF DEATH	Regis	tered No.	1552
	NAME OF D ype or Print)		RGUERIT	re sh	IPLEY	2. DATE OF DEATH	Februar	y 10, 195
	PLACE OF D Baltimore (City, Maryland	TIEL		4. USUAL RESIDEN	NCE (Where deceased B. COU		ution : residence before admission
В.			tal or institu	tion, give street address of				01
	STITUTION	Courth Dollar	C		C. CITT OR TOWN		ate limits, wri	RAL and giv township
H	Janes :	South Balti	more Ge	eneral Hospita Yrs.	D. STREET ADDRES	imore S (If rural, give local)	ation)	
c.	Length of s	tay in Baltimore	Life	Mos. Days	1320	Hanover Str	eet	
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED. DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In		Year If Under 24 Hour Days Hours : Min
	Female	White]	Married.	April 25.1	1919. 33	day) Inonthis	Days Hours Min
10 werk	A. USUAL OC deneduring most	CUPATION (Give kind of of werking life, even if retired)) [O OF BUSINESS OR	11. BIRTHPLACE (Sta	ate or foreign country		CITIZEN OF WHAT COUNTRY
	Ho	ou: ewife.	At I	Home.	Balto.		Mo	
13	. FATHER'S				14. MOTHER'S MAIL			
15		George Lace		I 16. SOCIAL	Dont Know.			
You	, ne or unknewn)	(If yes, give war er date	es of eervice)	SECURITY NO.	17. INFORMANT	3 3 3 - 3	ADDRE	
1	18. E a	1			Eldriage B	o. surprey		NTERVAL BETWEE
ATION	RISE TO T	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	IF ANY, GIVE	NG				
ERTIFIC	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED				
C	19A. DATE C	OF OPERATION 1	19B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
EDICA	UNDERLYIN	NAL CAUSE WAS G A OR CONTRIB- CAUSE OF DEATH	about heme,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	etc.) INJURY OCCUR		e City, give e	xact location)
Σ	OF INJURY	(Month) (Day) (Year y 17, 1953		21E. INJURY OCCURE WHILE AT WORK AT WORK		overdose of	bichlor	mercury
	22. I certi	fy that I took char	rge of the	remains described		Autopsy		ereon and fro
	and de	ath in my opinion	said Auto	opsy, Inspection or from: natural cause	Inquiry, find that s	ntopsy, Inspection or aid deceased diecuicide X, homicid	d on the da	y stated abov ermined □.
	23A. SIGNA	llian 11/2	more		ASSISTANT MED I.D. MEDICAL INVES		Feb.	
TIC	NI REMOVAL (S	pecify) Fils 14	1953	240 NAME OF CEMETE BLU UL	Skell	24D. LOCATION (Cir Cl, Cl	· lo	ma
LC	TE RECEIVE	D BY REGISTRAR	S SIGNATI	IRE	S. EUNERAL DIREC	FIRM 1400	A Rha	PRESS



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information should be of death clearly and l

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UNFADING Physicians: p

PLEASE

BALTIMORE CITY HEALTH DEPARTMENT

Baltimore . Md.

John T. Stansbury 2700 Edmondson Ave.

Registered No CERTIFICATE OF DEATH . NAME OF DECEASED 2. DATE (Type or Print) William G. Scherbel DEATHFeb. 9, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Lutheran Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Life c. Length of stay in Baltimore 2640 Edmondson Ave. Days 9. AGE (In years) 5. SEX 6. COLOR OR RACE I 7. SINGLE, MARRIED 8. DATE OF BIRTH II Under 1 Year If Updet 24 Hours last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 1/10/1886 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY USA Machinist Beth. Steel Co. Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Scherbel Anna Nickels 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 42.05.6385 Mrs. Sarah L. Scherbel 2640 Edmondson War I War I INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH may declarion DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER 21B, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from 11-21-86 7 . 9. 53, 19 , that I last saw the _, 19___, to_ deceased alive onl 19_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BUFIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE

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Burial DATE RECEIVED BY

LOCAL_REGISTRAR

Baltimore National

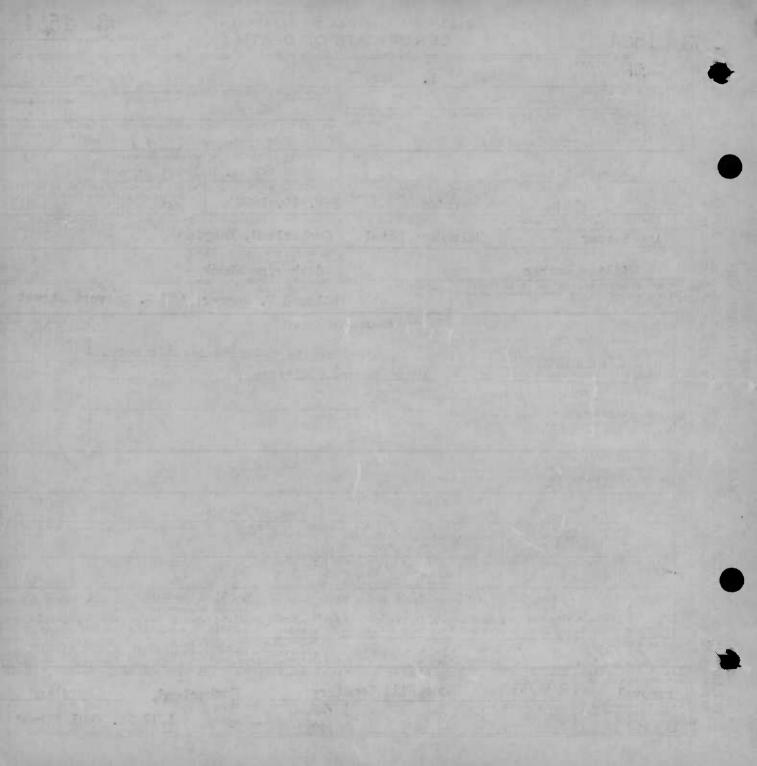
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REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

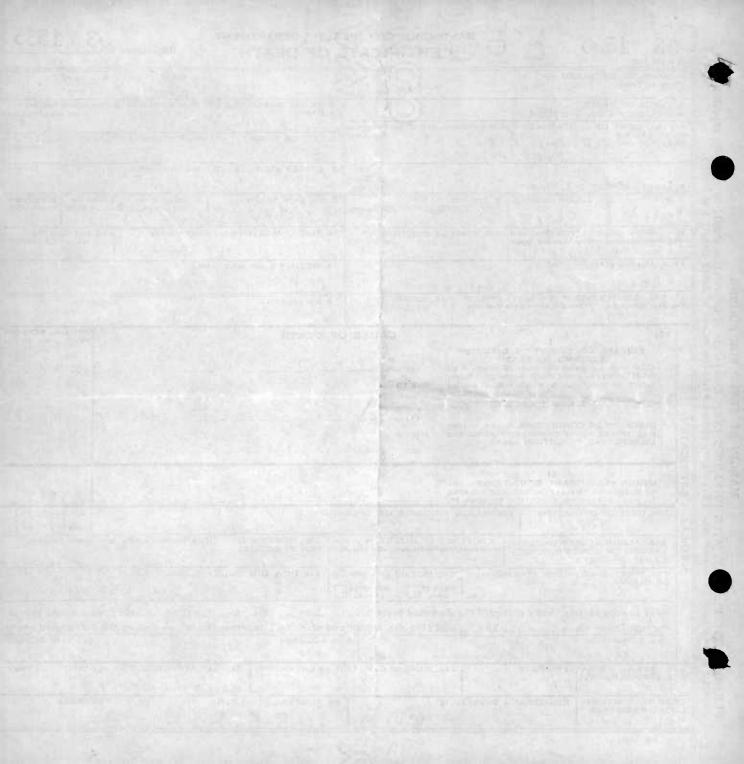
THE STATE OF STREET, STREET, ST. LEWIS.

ll (i	NAME OF DECEAS		ODOR	-		E OF DEATH		. DATE	77 1	77 70
3.	PLACE OF DEATH	:	ORGE	L.	ROHRER	4. USUAL RESIDE	NCE (Wher	DEATH e deceased li	ved. If inst	
В.	Baltimore City, I		al or instituti	ion, give st				B. COUN	4	before admissi
	OSPITAL OR NSTITUTION	mare Harrid	407		location)	C. CITT OR TOWN		side corpor	te limits, v	towns
-	me	rcy Hospi	Učt.⊥		Yrs.	o. STREET ADDRES	imore s (If rurs	l, give locat	ion)	
	Length of stay in				Mos. Days		N. Cal			
1	Male w	hite	mar		ED, RCED (Specify)	8. DATE OF BIRTH Feb. 19, 1892	2	60	ears If Under	n 1 Year If Under 24 H s Days Hours M
or	DA. USUAL OCCUPATION OF MAIN TIME Keeper	TION (Give kind of ig life, even if retired)		of Busi	INDUSTRY	Cumberland,	Maryla	nd	12	CITIZEN OF WHAT COUNT
13	3. FATHER'S NAME	Dalaman				14. MOTHER'S MAI				
15	William 5. WAS DECEASED EVE	R IN U. S. ARMED	FORCES?	16. SOC	IAL	Catherine			ADDI	2500
(Ye	ss, no or nnknown) (If)	res, give war or dates	of service)	SEC	URITY NO.	17. INFORMANT Mildred V. R	ohrer,	608 N.	Calve	rt Street
NOI	heart failure, ast injury or compl ANTE DISEASES OR C	CEDENT CAUS	ns the diseas aused death ES ANY, GIVIN STATING TH	e, .) XXXX (B)	xx vascu	tensive arter		*****************		
ト	UNDERLYING			(0				••••••		
ERTIFICATI	OTHER SIGNIF TRIBUTING TO THE OISEASE	HE OEATH. BUT	NOT RELATE	0			Till Tomorfore park area in constitution		m	
L CERTIFICA	OTHER SIGNIF	HE OEATH, BUT OR CONDITION	NOT RELATE CAUSING I	r	S OF OPER	ATION		20.00	m	land.
RTIFICA	OTHER SIGNIF TRIBUTING TO TO TO THE OISEASE	FICANT CONDITION OR CONOITION IS	NOT RELATE CAUSING IT 98. MAJOR	FINDING	S OF OPER	or 21c. WHERE DI	O (If in	Baltimore	City, give	
L CERTIFICA	OTHER SIGNIF TRIBUTING TO T TO THE OISEASE 19A. DATE OF OPE 21A. EXTERNAL C UNDERLYING	EICANT CONDITE OF CONTROL OF CONT	PB. MAJOR 21B. PLA about home, for	FINDING	JURY (e.g., ir	or 21c. WHERE DI	?		City, give	YES X NO
L CERTIFICA	OTHER SIGNIF TRIBUTING TO THE OISEASE 19A. DATE OF OPE 21A. EXTERNAL CUNDERLYING CAUSE 21D. TIME (Month OF INJURY) 22. I certify the the evidence	EICANT CONDI- HE OBATH, BUT IT E OR CONDITION ERATION 18 AUSE WAS OR CONTRIB- OF DEATH. O (Day) (Year) at I took charge obtained by	CAUSING II BB. MAJOR 21B. PLA about home, fi (Hour) ge of the said Auto	FINDING CE OF IN arm, factory, s 21E. INJU WHILE AT WORK remains psy, Insp	JURY (e.g., in treet, office bldg., c RY OCCURRE NOT WHILE AT WORK described a pection or I	2 1c. WHERE DII INJURY OCCUR 2 1f. HOW DID bove, held an Pe	? INJURY OG artial utopsy, Inspecied decea	Autops ection or Ir sed died	y toquiry on the o	exact location) hereon and frag stated about
MEDICAL CERTIFICA	OTHER SIGNIF TRIBUTING TO THE OISEASE 19A. DATE OF OPE 21A. EXTERNAL CUNDERLYING CAUSE 21D. TIME (Month OF INJURY) 22. I certify the the evidence and death in 23A. SIGNATURE	AUSE WAS OR CONTRIB. OF DEATH.	CAUSING II BB. MAJOR 21B. PLA about home, fi (Hour) ge of the said Auto resulted f	FINDING CE OF IN arm, factory, s 21E. INJU WHILE AT WORK remains psy, Insp rom: na	JURY (e. g., ir treet, office bldg., c RY OCCURRI NOT WHILE AT WORK described a pection or I tural causes	bove, held an Panaguiry, find that a pacident , s	injury of artial atops, Inspaid deceaucide [], DICAL EXA EXIGATOR.	Autops, ection or Ir sed died homicide	y to the do	hereon and frag stated aboutermined []. DATE SIGNED 11, 1953
MEDICAL CERTIFICA	OTHER SIGNIF TRIBUTING TO THE OISEASE 19a. DATE OF OPE 21a. EXTERNAL CUNDERLYING CAUSE 21b. TIME (Month OF INJURY) 22. I certify the the evidence and death in	AUSE WAS OR CONTRIBERATION (Day) (Year) at I took charge obtained by my opinion	218. PLA about home, fi ge of the said Auto resulted f	FINDING CE OF IN arm, factory, a 21E. INJU WHILE AT WORK remains psy, Insi rom: nan 4c. Nani	JURY (e. g., ir treet, office bldg., c RY OCCURRI NOT WHILE AT WORK described a pection or I tural causes	bove, held an Panaguiry, find that a passistant med Assistant med Medical investors of Crematory	nJURY OC artial atopsy, Insp acid decea uicide [], DICAL EXA	Autops ection or In sed died homicide MINER	y toquiry on the o	hereon and fr lay stated aboutermined []. DATE SIGNED



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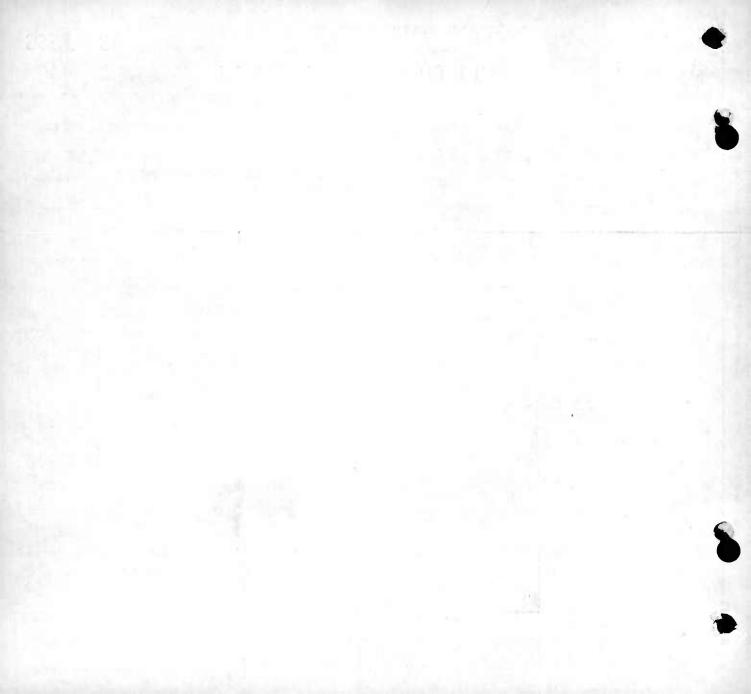
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Ullrich Funeral Homes 2112 Dundalk Ave.

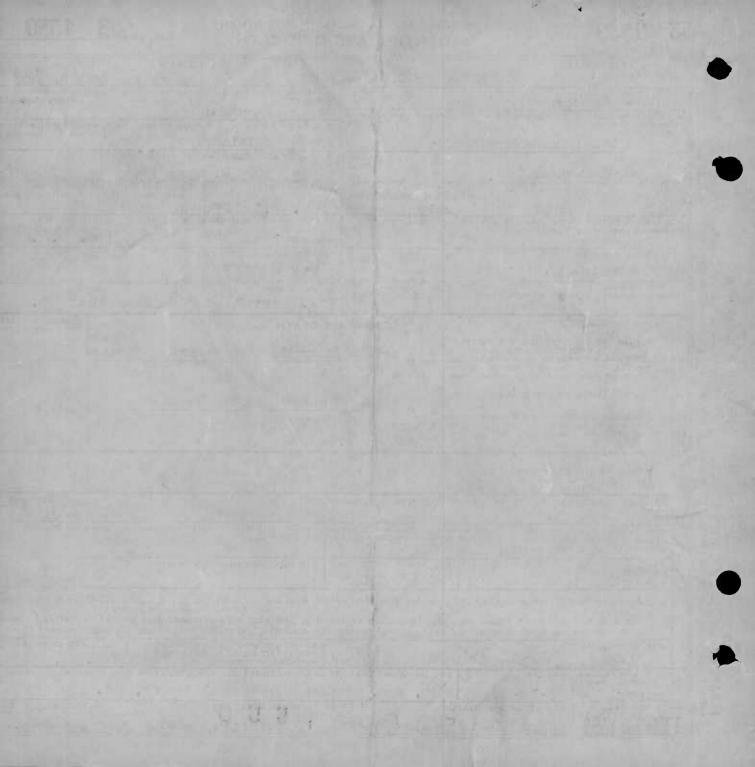
22 1000		CERTIFICA I	E OF DEAT	Reg. Dist. N	07
1. PLACE OF DEATH	H•	MARYLAND	2. USUAL RESIDENCE (I STATE Maryland	HOME) OF DECEASED. COUNT	Y 53-00
CITY (If outside c OR give nearest TOWN	orporate limits, write RURA town) Baltimore			ate limits, write RURAL and g	ive nearest town)
HOSPITAL OR	R SS Ba ltimore 'j	ty Hospital	STREET ADDRESS	(If rural, give location) Battlegrove Rd	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	John	Roger	Zweck	OF DEATH Feb.	5 19 5
5. SEX	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH Feb. 21, 1945	9. AGE last birthday If under Months	
	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY SCIOOL	Baltimore,		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN	NAME	/
John Z	weck		l nit	a Willinger	
	VER IN U.S. ARMED FORCES? (If year, give war or dates or		17. INFORMANT		
(1es, no, or unknown)	service)		Joh	n Zweck	
Immediat Antecedel Diseases or giving rise to stating the u II. OTHER SIGNIFI Conditions contriburelated to the disease	conditions, if any, (b)	Viral Puece	moria		ONSET AND DEATH
19a. DATE OF OPE		INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE	OF	E (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COUNTY	Yes No (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
	ation Date	1	ADDRESS S 2		tated above. DATE SIGNED (9 2 6 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE/	24. FUNERAL DIRECTO	R	ADDRESS



500	1/		ALTH DEPARTMEN	1	3 1557
BIRTH NO.	89	ERTIFICATI	E OF DEATH	Registered	. 19
3. PLACE OF DEATH: A. Baltimore City, Maryl	and which	Tom	4. USUAL RESIDENCE	Where defeased lived, Is	institution: residence before admission
B. FULL NAME OF (IE not	in hospital or institution		c. CITY OF OWN	(If lytside corporate limi	ts, write RURAL and give township
c. Length of stay in Balt	130 mf	Yrs. Mos.	D. STREET ADDRESS	It rural, give location)	Blad.
Jensle White	R RACE 7. SHIGLE,	Dnys MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH 3-27-52	last birthday) M	If Under 1 Year on the Days Hours Min.
10A. USUAL OCCUPATION (I work done during most of working life, eve	Give kind of 10B. KIND On if retired	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Kom!		Mildred	- Dorfe	Eul
15. WAS DECEASED EVER IN U. (Yes no or unknown) (If yes, give	S. ARMED FORCES? war or dates of service)	SECURITY NO.	JOHNS HOP	KINS HOSPITAL	DDRESS
DISÉASE OR CON. (This does not mean the heart failure, asthenia, e injury or complication ANTECEDEN O DISEASES OR CONDITION RISE TO THE ABOVE CA UNDERLYING CONDITION L	TO DEATH e mode of dying, e.g., tc. It means the disease, which caused death.) IT CAUSES FIONS, IF ANY, GIVING USE (A) STATING THE	(A) Cya DUE TO (B) DUE TO (C)	Sisiase, it	ital Hent tiology retype	sine birth
OTHER SIGNIFICANT TRIBUTING TO THE DEA TO THE DISEASE OR CO	CONDITIONS CON-				
19A. DATE OF OPERATIO	N 19B, MAJOR F	INDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT WAS U LYING OR CONTRIBU CAUSE OF DEATH	TING about home, farm	E OF INJURY (e. g., ir n,factory,atreet,office bldg.,e	(c.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
2 ID. TIME (Month) (Da OF INJURY	WHI	E. INJURY OCCURRE			
22. I hercby certify the deceased alive on 2	at I attended the de	that death occur	red at 2 33 m., from		Athat I last saw the he date stated above
TION, REMOVAL (Specify)	DATE 24	CNAME OF CEMETER		LOCATION (City, town	or county) (State)
DATE RECEIVED BY REG	ISTRAR'S SIGNATURI	1 1	25. FUNERAL DIRECTO	Thet the	ADDRESS TIME
Vs 150	U	2 2 (1	403.6.25	-et 5x	Tuef

851-1215

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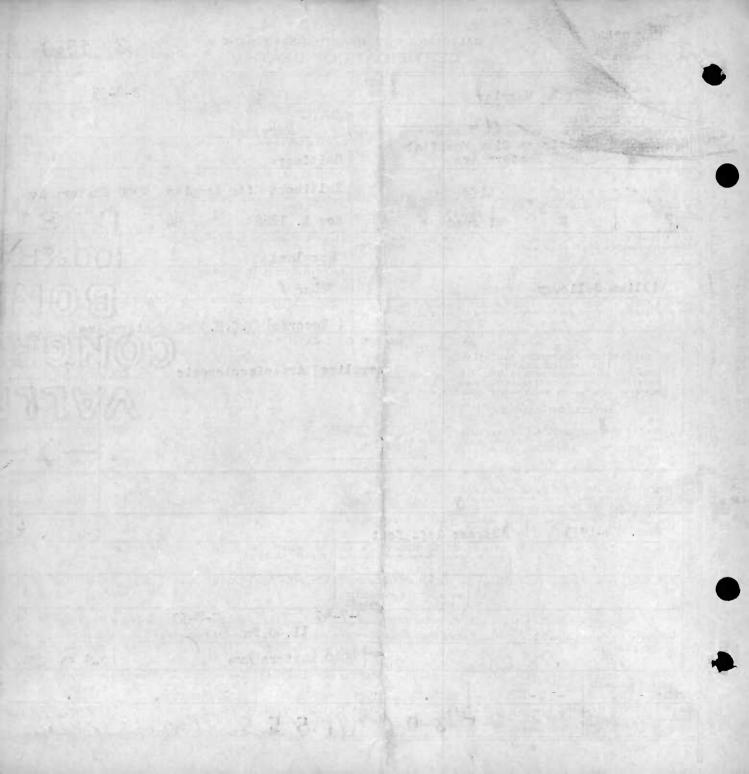
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VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 30. 1550

BIRTH NO.						
1. NAME OF I (Type or Print)	DECEASED Martha Hai	rrie			2. DATE OF 2-8	3-53
3. PLACE OF I A. Baltimore B. FULL NAME HOSPITAL OR INSTITUTION	DEATH: City, Maryland OF (If not in hospit	al or instituti	9	Baltimore	B. COUNTY	institution: residence before admission) w, write RUMAL and give township
c. Length of	stay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (Baltimore City	Hospital 4940	Eastern Ave
5. SEX	6. COLOR OR RACE	7. SINGLE WIDOW Widow	MARRIED, ED, DIVORCED (Specify)	Nov 1. 1868	9. AGE (In years last birthday)	f Under 1 Year If Under 24 Hours onths Days Hours Min.
10A. USUAL Of work done during most	CCUPATION (Give kind of t of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland		12. CITIZEN OF WHAT COUNTRY
	am Galloway			14. MOTHER'S MAIDEN	NAME	
(Yes, ao or unknown	GED EVER IN U.S. ARMED (If yes, give war or dated	of service)	16. SOCIAL SECURITY NO.	(Records) B.C.	H. 4940 Easter	DDRESS
RISE TO UNDERL	ANTECEDENT CAUSES OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	FANY, GIVIN STATING TH ST.	(C)			
19A. DATE	G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	CAUSING I		ATION		20. AUTOPSY?
21A. ACCII LYING□ C CAUSE OF	24-1953 / DENT WAS UNDER- DR CONTRIBUTING	218. PLA	S left foot CE OF INJURY (e. g., is arm, factory, street, office bldg., e		(If in Baltimore City,	YES NO Egive exact location)
21d. TIME OF INJURY	(Month) (Day) (Year)		VHILE AT NOT WHILE WORK AT WORK			
	by certify that I attalive on 2-8-53		and that death occur	-7-45 , 19 , to red at 11.40mPpom 38. ADDRESS 4940 Eastern Ave	2-8-53 , 19 , 19 , the causes and on t	that I last saw the he date stated above. 23c. DATE SIGNED 2-8 53
24A. BURIAL. TION, REMOVAL (CREMA- 24B DATE Specify	my or	M. D.	RY OR CREMATORY 24b.	LOCATION (City, town	, or county) (State)
Puria!	2-12-5		Mt. Auburn	Cem Ba	It imore,	Md.
LOCAL REGIS		stor 5	Thomas High	Motrane	J. Heris	J Nidale



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information should be

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 - 1561

2-9-53

240. LOCATION (City, town, or county)

Registered No. BIRTH NO. 160275 NAME OF DECEASED 2. DATE (Type or Print) Charles C. Nash DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland Iocation) C. CITY OR TOWN (If outside conbrage limits, write RURAL and give INSTITUTION Baltimore City Hospitals Baltimore o. STREET ADDRESS (If rural, give location) Vra Mos. 86 yrs Baltimore City Hospitals, 4940 Eastern Ave c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 9. AGE (In years | If Under | Year | If Under 24 Houns last birthday) | Months: Days | Hours | Min. 9-5-1867 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Dec) Wm Nash Eliz. Miller (Dec) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN Baltimore City Hospital's SECURITY NO. Record) 4940 Eastern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1 day (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) (A) ... Uremia DUE TO ANTECEDENT CAUSES Hypertensive Arterio 10 days DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Sclerotic Carpio-Vasculary Disease OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TONDATE OF OPERATION OF 198. MAJOR FINDINGS OF OPERATION -Awardation of left leg 20. AUTOPSY --- Amputation of right leg 21A. ACCIDENT WAS (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED . 1952 to 2-9 . 1953, that I last saw the 22. I hereby certify that I attended the deceased from 6-19-1953, and that death occurred at 5:150 m., from the causes and on the date stated above. deceased alive on 2-9 23A. SIGNATURE 4940 Eastern Ave, Balto, Md 23c. DATE SIGNED

24c. NAME OF CEMETERY OR CREMATORY

Auburn Cem

UNFADING Physicians: p

Burial

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

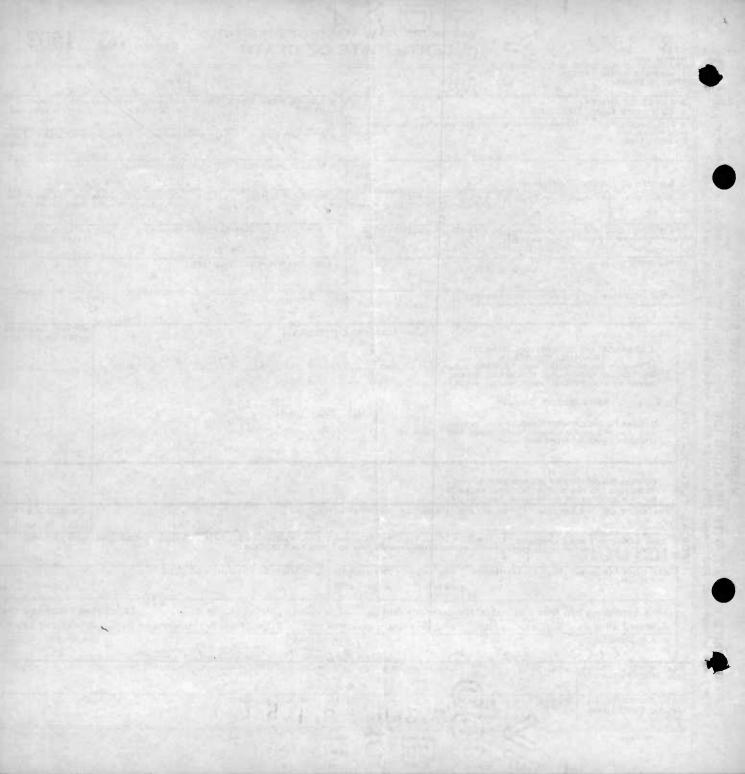
2-13-53

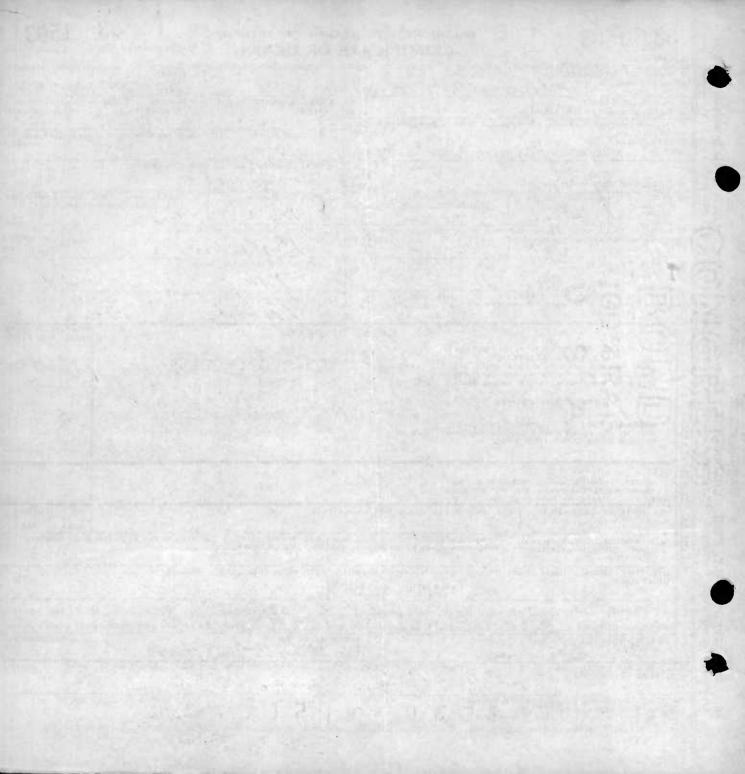
REGISTRAR'S SIGNATURE

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MARGIN RESERVED FOR BINDING	ALY, WITH UNFADING INK. Every item of information should be efully supplied The	Physicians:
	WITH	rtant.
	MLY,	impo

I. NAME OF DECEASED (Type or Print) D. RATH D. STATE D. ST	5		EALTH DEPARTMENT	53 1562
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TO A USUAL OCCUPATION Give kinded to the control of	c.	Towards of the in Date:	D. STREET DDRESS (If Tural, give I	1 10 0
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18. CAUSE OF DEATH CAUSE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	13	FATHER'S NAME John BAll	14. MOTHER'S MAIDEN NAME	5
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OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from / - (5 - ,19 ⁵ 3, to 2 - (9 - ,19 ⁵ 3), that I last so deceased alive on 2 - (9 - ,19 ⁵ 3) and that death occurred at / 30 a.m., from the causes and on the date stated 23A. SIGNATURE 23B. ADDRESS 23c. DATE SI 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, 16Wn, or county) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -) (10 - 4 -)	اۃ	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltin	nore City, give exact location)
deceased alive on 2 - 19 - 3 and that death occurred at 30 a.m., from the causes and on the date stated 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, 16Wn, or county) 24D. LOCATION (City, 16Wn, or county) 25. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS		OF INJURY WHILE AT NOT WHILE		
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DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR L		W. W. Couway M.D.	South Ballo Lene Ho	23c. DATE SIGNED
FEB 12 1963 (Mertington Victorial Asset M. i are Chery	D/	TE RECEIVED BY REGISTRAR'S SIGNATURE	111 Bul	10.
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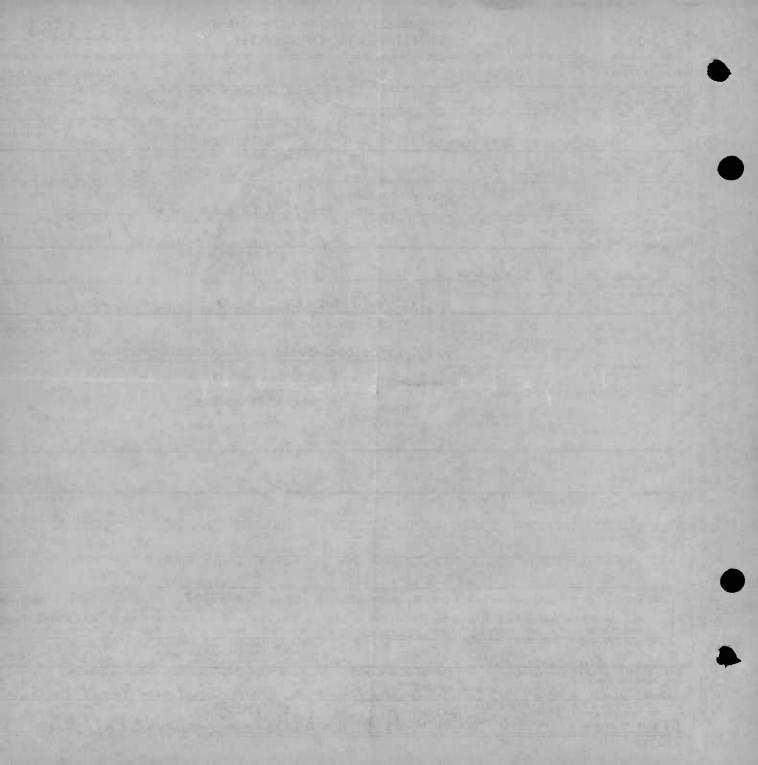




MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

IRTH NO.		CL	MINIOAIL	OI DEATH		
NAME OF DECE		TTAM	TIFT DNFR		2. DATE OF FOI	min mr 10 1052
	'H:	DITUI	11 4		Where deceased lived.	
FULL NAME OF		al or institution, gi	ve street address or	Maryland		before admission
OSPITAL OR						hits, write RUPTL and give township
<u>A</u>	altimore C:	ity Morgue	Vec			
Length of stay	in Baltimore	L.L.	Mos.	·		at.
			RRIED. 8		9. AGE (In years)	If Under 1 Year If Under 24 Hours
		/V -		ules 1-1901	52	7 9
		108. KIND OF	INDUSTRY	1. BINTHPLACE (State or 1	foreign country)	12. CITIZEN OF WHAT COUNTRY
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Cha O.	941	lues.		?		
. WAS DECEASED E	VER IN U. S. ARMEI			7. INFORMANT		ADDRESS
, ao or daraowa)	,			audeona Weeds	u 1348 No	uth are
18. 472.	1		CAUSE OF	DEATH		INTERVAL BETWEEN
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(This does no heart failure, a	t mean the mode of asthenia, etc. It mea	of dying, e.g., ans the disease,	(A)	relocic cardiov	ascurar urs	3456
			REPERCIPOR			
			(B) Chronic	bronchial asth	ma	
RISE TO THE	ABOVE CAUSE (A)	STATING THE	DUE TO			
ONDERLING	3 CONDITION EX		(C)			
OTHER SIGN	II HEICANT CONDI	TIONS CON-				
TRIBUTING TO	THE OEATH, BUT	NOT RELATED				
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	nth) (Day) (Year)	(Hour) 21E. II	NJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
OF INSURT		m. WHILE A	NOT WHILE AT WORK			
22. I certify t	hat I took char	ge of the rema	ins described abo	, 10000 W/b	* *	thereon and from
the eviden	ice obtained by	said Autopsy,	Inspection or Inq	uiry, find that said d	leceased died on	the day stated above
		resulted from:	natural causes E	238. CHIEF MEDICAL	EXAMINER	23c. DATE SIGNED
allele	-110	butXX	M.D.	MEDICAL INVESTIGAT	ror	Feb. 11, 1953
A. BURIAL, CREA	fy)	24d N	AME OF CEMETERY	OR CREMATORY 24D. L	OCATION (City, tow	n, or county) (State)
		SIGNATURE	lemore Tam	FUNERAL DIRECTOR	willne + No	ADDRESS
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	NAME OF DECE ype or Print) PLACE OF DEAT Baltimore City FULL NAME OF OSPITAL OR ISTITUTION Length of stay SEX 6.4 Male A. USUAL OCCUE dove doving most of wor Marter's NAM Classe (This does no heart failure, a injury or con AN' DISEASE OF RISE TO THE UNDERLYING OTHER SIGN TRIBUTING TO TO THE DISEA 19A. DATE OF CO 21A. EXTERNAL UNDERLYING 21A. EXTERNAL UNDERLYING 21A. EXTERNAL UNDERLYING 21A. SIGNATUR 22. I certify the eviden and dopth 23A. SIGNATUR A. BURIAL, CREM N, REMOVAL (Special TERECEIVED B' CAL REGISTRAR TERECEIVED B' CAL REGISTRAR TERECEIVED B' CAL REGISTRAR TERECEIVED B' CAL REGISTRAR TERECEIVED B' CAL REGISTRAR	NAME OF DECEASED ype or Print) PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Solition hospit OSPITAL OR ISTITUTION Baltimore C: Length of stay in Baltimore SEX 6. COLOR OR RACE Male White A. USUAL OCCUPATION (Give kind of a dove during most of working life, even if retired) FATHER'S NAME WAS DECEASED EVER IN U. S. ARMEI (If yes, give war or date in no or unknown) IB. DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode a heart failure, asthenia, etc. It mea in jury or complication which to an anticolor of the ANTECEDENT CAUSE DISEASES OR CONDITIONS. I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA DISEASES OR CONDITIONS. I RISE TO THE ABOVE CAUSE (A) UNDERLYING TO THE OEATH. BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) OF INJURY 22. I certify that I took char the evidence obtained by and death in my opinion 23A. SIGNATURE A. BURIAL. CREMA- 24B DATE N. REMOVAL (Specify) THE RECEIVED BY CALL REGISTRAR THE RECEIVED BY CALL REGISTRAR REGISTRAR	NAME OF DECEASED Type or Print) PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF 'f not in hospital or institution, giospital or SEX 'f not in hospital or institution, giospital or Baltimore City Morgue Length of stay in Baltimore Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SINGLE. MAINTON Male White A. USUAL OCCUPATION (Givekindof decodpring most of working life, even if retired) FATHER'S NAME LEADING William Leading Leadi	NAME OF DECEASED ype or Print) WILLIAM WEIDNER PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF 'f not in hospital or institution, give street address or Joeation) Baltimore City Morgue Yrs. Mos. Days SEX C. COLOR OR RACE WIDOVED DIVORCED (Specify) Male White A. USUAL OCCUPATION (Give kind of drobed upring parts of working life, even if retired) WAS DECEASED EVER IN U. S. ARMED FORCES? A. DOUGH OF DECEASED EVER IN U. S. ARMED FORCES? 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I certify that I took charge of the remains described about the evidence obtained by said Autopsy, Inspection or Ing and death in my opinion resulted from: natural causes in Recovery and Countries of the Revidence obtained by said Autopsy, Inspection or Ing and death in my opinion resulted from: natural causes in Recovery and Countries of the Recovery of the Revidence of Cause of the Revidence of the Revidence of Cause of the Revidence of Cause of the Revide	NAME OF DECEASED WILLIAM WEIDNER PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF 'f not in hospital or institution, give street address or OSPITAL OR STITUTION Baltimore City Morgue PLACE OF DEATH: Baltimore City Morgue STITUTION Baltimore City Morgue YES. Length of stay in Baltimore Length of stay in Baltimore White A. USUAL OCCUPATION (Give kinds of 10B. KIND OF BUSINESS OR 11B. BIJTHPHACE (State or 1NDUSTR) A. USUAL OCCUPATION (Give kinds of 10B. KIND OF BUSINESS OR 11B. BIJTHPHACE (State or 1NDUSTR) A. 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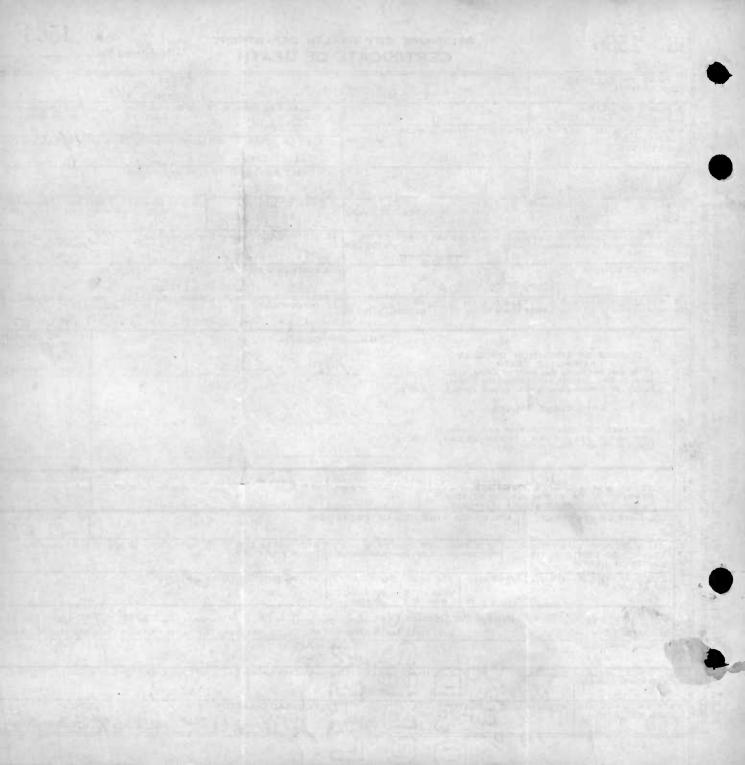
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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	1566
Registered No	

	1. NAME OF DECEASED (Type or Print) Camilla	Shinkle Eaton Gol	debarough	2. DATE	וז /לט
-	3 PLACE OF DEATH.		4. USUAL RESIDENCE (W		
-	A. Baltimore City, Maryland Balt B. FULL NAME OF (If not in hospital or in	estitution give street address on	Maryland	B. COUNTY	before admission)
	HOSPITAL OR	location)		outside corporate limi	ts, write RIRAL and give
	309 Somerse	et Road	Baltimore	2-7-	township)
		60 Yrs.	D. STREET ADDRESS (If	rural, give location)	
	c. Length of stay in Baltimore	Mos. Days	309 Somerset Ro	a.d	
		INGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Year If Under 24 Hours onths; Days Hours : Min.
	Female White	Married	Sept. 11, 1878	74	20,3
N	10A. USUAL OCCUPATION (Give kind of lob. work done during most of working life, even [fretired]	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	None	do do do do do do do 00	Covington, Ky.		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	George F.	Eaton	Libby Shinkle W	illiams	
	15. WAS DECEASED EVER IN U. S. ARMED FOR(Yes, no or unknown) (If yes, give war or dates of ser	CES? 16. SOCIAL vice) SECURITY NO.	17. INFORMANT	A	DDRESS
			Felix V. Goldsb	orough, Sr.	309 Somerset
	18. 422.1	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRE	CTLY	201 1-12		
	(This does not mean the mode of dyir heart failure, asthenia, etc. It means the	ng, e. g., (A)	Myocartilis	· · · · · · · · · · · · · · · · · · ·	Miknows
	injury or complication which caused	death.) DUE TO			
	ANTECEDENT CAUSES		eteris solvon	4	1, 1
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. i	RISE TO THE ABOVE CAUSE (A) STATE	NG THE DUE TO			
	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST. U	(C)	***************************************	***************************************	
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	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT F				
	TO THE DISEASE OR CONDITION CAUS				
	19A. DATE OF OPERATION 19B. M	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
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	24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY CREMATORY 24D. LO	OCATION (City, town	, or county) (State)
	Burial 2/13/53	New Cathedral		timore, Md.	
	DATE RECEIVED BY REGISTRAR'S SIG	NATURE	25 FUNERAL DIRECTOR	· D -	ADDRESS
	FEB 12 1953	AST SULLA YOR	10, W. Mears	So Some Son	N. Galver SA,
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			BALTIMORE CITY HE	ALTH DEPARTMENT
	3,	1558	CERTIFICATI	E OF DEATH
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ed.		rpe or Print) HNNA	1077	5
carefully supplied.		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE
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bly	7	110 110 0700	Yrs.	D. STREET ADDRESS
	c.	Length of stay in Baltimore	65 Mos.	115 No 8
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RESEI Jease	TION	DISEASES OR CONDITIONS, IF ANY,	GIVING (B)	A //
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MARGIN UNFADING Physicians:	FIC		(0)	
AR FA	RTIF	OTHER SIGNIFICANT CONDITIONS		
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6	ш	LYING OR CONTRIBUTING about b	ome, farm, factory, street, office bldg., e	te.) INJURY OCCUR?
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Ally		OF INJURY	m. WHILE AT NOT WHILE	
PLA eciall		22. I hereby certify that I attended		A. , 1951, to F
TE PLAIR		deceased alive on 2/11 , 195	3, and that death occur	
is is		23A. SIGNATURE, Bubulo	try M.D.	38. ADDRESS Park A
SE	24 TIS		24c. NAME OF CEMETE	
PLEASE correct a	4	week 2-12-13	Herrew]	As. FURERAL DIRECTOR
PLI		TE RECEIVED BY REGISTRAR'S SIGN	CU O NOVE	15. FUSERAL DIRECTOR

Registered No. 2. DATE OF DEATH AL RESIDENCE (Where deceased lived. If institution; residence
B. COUNTY before admission) (If outside corporate limits, write H) RAL and give township) of rural, give location) 1000 9. AGE (In years I Under 1 Year last birthday) Months Days Hours Min. HPLACE (State or foreign Jountry) 12. CITIZEN OF WHAT COUNTRY? HER'S MAIDEN NAME ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES (If in Baltimore City, give exact location) HOW DID INJURY OCCUR? , 1933, that I last saw the m., from the causes and on the date stated above. 23c., DATE SIGNED (State) 24D. LOCATION

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. STATE before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR efully (If outside corporate limits, write RULA), and give OR TOWN INSTITUTION legibly. (If rural, give location Yrs. D. STREET ADORESS Mos. c. Length of stay in Baltimore Days 5-SEX and 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years if Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours! Min. plnous clearly 10A. USUAL OCCUPATION (Givekindof 11. BIRTHELACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s noue 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes INTERVAL BETWEEN CAUSE 18. item 4.20.0 ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 回 TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH important. EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING VLY, CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) OF INJURY especially NOT WHILE WORK AT WORK 1933, that I last saw the 22. I hereby certify that Lattended the deceased from RITE deceased alive on It m., from the causes and on the date stated above. 19.5.3 and that death occurred 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 18 2-11age 24CONAME OF CEMETERY OR CREMATORY 24D. LOZATION (City, town, or county) (State) BURIAL, CREMA-PLEASE REMOVAL (Specify) correct ADDRESS DATE RECEIVED BY SIGNATURE REGISTRAR'S LOCAL REGISTRAR VS 150

VS 150

53 1571 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Mrs. Elisha J. Greaser DEATH February 10. 1953 fully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION 3806 Falls Road Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos 2 years c. Length of stay in Baltimore 3806 Falls Road Days information should be of death clearly and l 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) Aug. 24, 1878 White Married 10A. USUAL OCCUPATION (Glvekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY At. Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elisha Parks Mary M. Harris 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No 3806 Falls Road Mrs. Melvin Spencer INTERVAL BETWEEN item 18. CAUSE OF DEATH 422.2 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY RITE PL Feb 10, 1953 that I last saw the 22. I hereby certify that I attended the deceased from_ 25, 1957, and that death occurred at 83 Ain., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c, NAME of CEMETERY OR CREMATORY | 24o, LOCATION (City, town, or county) Burial Feb. 13, 1953 May's Chapel Baltimore Co. Maryland DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR witnessore for its illes Burkee, Funeral Home 3631 Falls Road

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1572

ed.	1.	NAME OF D		s. Mary	G. Pearce		2. DATE OF DEATH Fel	bruary 10, 1953
hy supplied	B.		EATH: City, Maryland OF (If not in hospite	al or institu	tion, give street address or location)	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before a emission) Maryland C. CITY OR TOWN (If outside corporate lights, Write AURA), and give township)		
ibiy	917 W. 38th Street C. Length of stay in Baltimore 50 years S. SEX 6 COLOR OF RACE 7 SINGLE MARRIED					Baltimore D. STREET ADDRESS (If rural, give location) 917 W. 38th Street		
e ca								
uld b	3,	Female	6. COLOR OR RACE	WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH NOV. 28, 1886	9. AGE (In years last birthday)	Months Days Hours Min.
on sho			CUPATION (Give kind of of working life, even if retired)		o of business or industry ss Shop	11. BIRTHPLACE (State of Pennsylvania	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
atic th	13. FATHER'S NAME Talbott White 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnhoorn) (If yes, give war or dates of service) SECURITY NO.					14. MOTHER'S MAIDEN	NAME	
dea						Emma		
nfo						17. INFORMANT ADDRESS		
f in	(-	No			?	Walter A. Pear	ce 917 W.	38th Street
aus		18. 421	4 .		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
MING INK. Every item of information should be ans: please write the causes of death clearly and l	AL CERTIFICATION	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DELLULAR ALLOW Y. (B) DUE TO DUE TO (C)						k-kunst,
TH UNFADING nt. Physicians: p		TRIBUTING TO THE D	GIGNIFICANT CONDITION OF OPERATION	NOT RELAT	ED	RATION		20. AUTOPSY?
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	Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURR WHILE AT WORK AT WORK		URY OCCUR?	
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ASE vect age		AA BURIAL (S ON REMOVAL (S Burial	CREMA- 24B. DATE	1953		LOCATION (City, tov	vn, or county) (State)	
PLEASE correct a	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE RECEIVED BY REGISTRAR'S SIGNATURE ROCAL REGISTR							
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township)

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1 NA	ME	OF	DEC	FA	CE	1

3. PLACE OF DEATH:

B. FULL NAME OF HOSPITAL OR

INSTITUTION

5 SEX

No 18.

Male

A. Baltimore City, Maryland

Emerson Lee Caltrider

2. DATE OF

February 11 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside corporate limits, write LURAL and give

(If not in hospital or institution, give street address or

C. CITY OR TOWN Baltimore

Anna Mary -

17. INFORMANT

D. STREET ADDRESS (If rural, give location)

1300 W. List Street

Yrs. Mos. Days

1300 W. 41st Street

c. Length of stay in Baltimore 75 years

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. Jan. 12, 1868

White Married

10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR

work doneduring most of working life, even if retired) Stone Mason Building

11. BIRTHPLACE (State or foreign country)

Maryland 14. MOTHER'S MAIDEN NAME

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

Maryland

12. CITIZEN OF

Jacob Caltrider

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

13. FATHER'S NAME

(Yes, no or nnknown) (If yes, give war or dates of service)

337 X 1 DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

6. COLOR OR RACE

16. SOCIAL SECURITY NO. 215-18-7098

Mrs. Vola C. Norment 1300 W. 41st Street

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID

about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

21E. INJURY OCCURRED NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from Safe , 1952, to Fel. // , 1953 that I last saw the

25. FUNERAL DIRECTOR

deccased alive on F 2 7, 1923, and that death occurred at 2A m., from the causes and on the date stated above.

24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Baltimore Co..

(If in Baltimore City, give exact location)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE

19A. DATE OF OPERATION

CAUSE OF DEATH

23A, SIGNATURE

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

Feb. 14. 1953 Lorraine Park

VS 150

LOCAL REGISTRAR

HEAD RO STANDINGS

WILLIAM R. FOX 53 1574 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE EBRUARY 10-1953 (Type or Print) OF Win. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUI Al an give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGUE, MARRIED WIDOWED, DIVORCED (Specify) information should be of death clearly and 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. DATE OF BIRTH 10A. DEUAL OCCUPATION (Give kind of top. KIND OF BUSINESS OR Work done did it of the property of the control of the contro 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Herred 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING eora 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no Funknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. causes item 18. 53 X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., write RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE ! AT WORK WORK 22. I hereby certify that I attended the deceased from 1-19, 19 3 to 2-10, 19 5, that I last saw the deceased alive on 10, 19 53 and that death occurred at 9 2 m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED けのりか・ м. D. 246. NAME OF CEMETERY OR CREMATOR 24A. LOCATION (City, town, or county) 24A BURIAL, CREMA-DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL LOCAL REGISTRAR VS 150

VS 150

WHAT COUNTRY? DADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 1953 that I last saw the _m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS

before admission)

If Under 1 Year

12. CITIZEN OF

township)

If Under 24 Hours

Weighten 18 alterna 1200 Valley (1.

Burice 2/13/53 Pahurone

Rite Wind feld 900 E Bidle

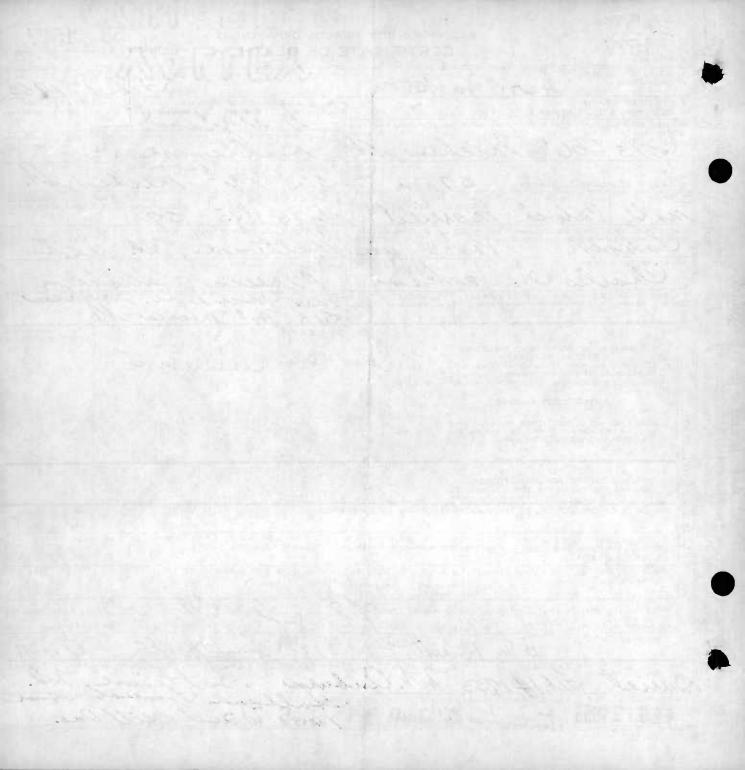
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) supplied 3. PLACE OF DEATH 4. USUAL RES IDENCE (Where deceased lived, If institution, residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF outside corporate limits, write RUITAL and give location) C. CITY OR TOWN 22 Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 0203 learly and le Days 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In year # Under 1 Year If Under 24 Hours DOWED DIVORCED (Specify) last birthday Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of work damouring most of working life, even if retired) 108, KIND OF BLATHPLACE (State or foreign gount 12. CITIZEN OF INDUSTR' WHAT COUNT information s 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER N U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SCIAL SECURITY NO (Yes, no or unknown) of y item the cau 18. 40 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 2Ic. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK , 1953, to_ , 1953 that I last saw the 22. I hereby certify that I attended the deceased from. 74. 7, 1953, and that death occurred at 11 m., from the causes and on the date stated above. deceased alive_on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. D 24A. BURIAL, CBEMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

T. U.	1.	2-50 BALTIMORE CITY HEAD CERTIFICATE NAME OF DECEASED Vipe or Print)
VED FOR BINDING Every item of information should be ully supplied, rite the causes of death clearly and legroly.	3. A. B. HO IN 10 10 10 10 10 10 10 10 10 10 10 10 10	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) SEPITAL OR STITUTION Length of stay in Baltimore SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) A. US/AL OCCUPATION (Give kind of adouturiog postof working life, even if retired) A. US/AL OCCUPATION (Give kind of adouturiog postof working life, even if retired) TATHER: S NAME LENGTH OF BUSINESS OR INDUSTRATE LANGE LAN
RESER INK. please v	CATION	(If yes, give war or dates of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
ITE PL. LY, WITH UNFADING especially important. Physicians:	MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 14, 1933, and that death occurred
EASE (R)	C	14. BURIAL, CREMA- 14. BURIAL, CREMA- 14. BURIAL, CREMA- 14. DATE 14. J.

LOCAL REGISTRAR

VS 150

LTH DEPARTMENT Registered No. OF DEATH 2. DATE DEATH A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission befo before admission) (If outside corporate limits, Write RURAL STREET ADDRESS (If pyral pive ocation) 5/3 DATE OF BIRTH 9. AGE (In years | ff Under | Year | If Under 24 Hours | Months Days | Hours Min. or foreign country) 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH DEATH ION 20. AUTOPSY YES (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 Sthat I last saw the h the causes and on the date stated above. ADDRESS/ 23c. DATE SIGNED REGIST AR'S SIGNATURE



-16	3	
53 BIRTH N	1	578
1. NAME	OF	DECEA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1578

Ditti	II IVO.		
1. N. (Type	AME OF DECEASED For Print) Hattie Roberts	2. DATE OF DEATH 2-11-	-53
	ACE OF DEATH: altimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
	LL NAME OF (If not in hospital or institution, give street address or		
	PITAL OR location)	C. CITY OR TOWN (If outside corporate limits w	
11/	St. Joseph's Hospital	Baltimore	township)
-	Yrs.	D. STREET ADDRESS (If rural, give location)	
_	Mos.		
Maria Carlos	ength of stay in Baltimore Days	1739 N. Bond St.	
5. SI	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It birdh	si Days Hours Min
	late Colored Widowed	apr. 28, 1884 69 yrs.	
TOA.	USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF
LA	Inusewell / Telms ?	King & Tues a le	1000
13. F	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	70,0,0
1	llen Kubinson	Ellen Rabinson	
15. V	AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	TRINFORM NO MAKE	de es
(Yes, n	o or nnknown) (If yes, give wer or detes of service) SECURITY NO.	mas and	
	2.57	1939 N. Done VI.	
18	CAUSE C	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		
	(This does not mean the mode of dying, e.g.,	ralized Arteriosclerosis	
	heart failure, asthenia, etc. It means the disease.	oke.	•
	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES		1.00
Z	(B)	***************************************	
의	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		
4	UNDERLYING CONDITION LAST.		
<u>U</u>	(C)		• • • • • • • • • • • • • • • • • • • •
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
1	9A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPER	RATION	20, AUTOPSY?
7			YES NO
0 -	14. ACCIDENT WAS UNDER: 218. PLACE OF INJURY (o. g., in	n or 21C. WHERE DID (If in Baltimore City, give	
	YING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	ote.) INJURY OCCUR?	
S	1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
ō	FINJURY	EB 217. NOW BID INSORT COCORT	
	m. WHILE AT NOT WHILE MORK AT WORK		
2	2. I hereby certify that I attended the deceased from Fe	b. 11, 1953to Feb. 11, 1953, t	hat I last sam the
		rred at A. m., from the causes and on the	
1	3a. SIGNATURE 2		3c. DATE SIGNED
1	2 2 Carger M. D.	1400 N. Caroline St.	2-11-53
24A.	BURIAL, CREMY 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or	county) (State)
B	unal 1+14 14 1953 Mr. (Las	burn Sattemen.	med.
DAT	E RECEIVED BY REGISTRAR'S SIGNATURE	A25 FUNERAL DIRECTOR ! (4 A	BRESSEL
	AL REGISTRAR	January Suner	- France

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BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.	5	17	0

BI	RTH NO. CERTIFIC	CATE OF DEATH Registered No.	15'79
1. (T:	NAME OF DECEASED Hearless W.	Hilliams OF DEATH Leb.	10 1953
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission)
B. HC	FULL NAME OF (If not in hospital or institution, give street additional control of the control o	ation) C. CITY OR TOWN / Uf outside corporate lights,	write RIRAS, and give
IN	1632 Division St.	Baltimore	township
1		Yrs. D. STREET ADDRESS (If rural, give location Mos.	. M.
-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WHO WED, DIVERCED (8	LA DATE OF RIPTH LO ACE (In weers) 11/11	nder I Year If Under 24 Hours ths: Days Hours Min.
10	race course / hausey	Upl. 40,1812 70	
O	A. USUAL OCCUPATION (Give kin) of dought on the protection of the	STRY BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mary C. Fresett	
(Yes	was deceased ever in U. S. Armed Forces? s, no or anknown) (If yes, give war or dates of service) SECURITY	NO. The North of the Contract	TOPESS CONTRACTOR
	18. / 70 × CAU	JSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	at's Disame to mate at six	1
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	100000	O mas.
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		
CATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
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ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
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S O	21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY	(e.g., in or 21c. WHERE DID (If in Baltimore City, gi	YES NO
ED	LYING OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH	oblig.,etc.) INJURY OCCUR?	ve exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC		
	WHILE AT NOT	WHILE	
	22. I hereby certify that I attended the deceased from	occurred at 10- P.m., from the causes and on the	
	23A. SIGNATURE	238. ADDRESS	23C. DATE SIGNED
24	M. BURIAL, CREMA- 248 DATE 246 NAME OF CE	METERY OR CREMATORY L 24d. LOCATION (City, town, o	25 - (25 - 53 r. equnty) (State)
The same of the sa	TAR BURIAL, CREMA 24B DATE 24C NAME OF CE	attedral Baltimore.	Tul.
	ATE RECEIVED BY REGISTRAR'S SIGNATURE,	25 AVNERAL PRECIOEL June	ADDRESS Home
11	A CONTRACTOR A CONTRACTOR OF THE STATE OF TH	The state of the s	1 10000

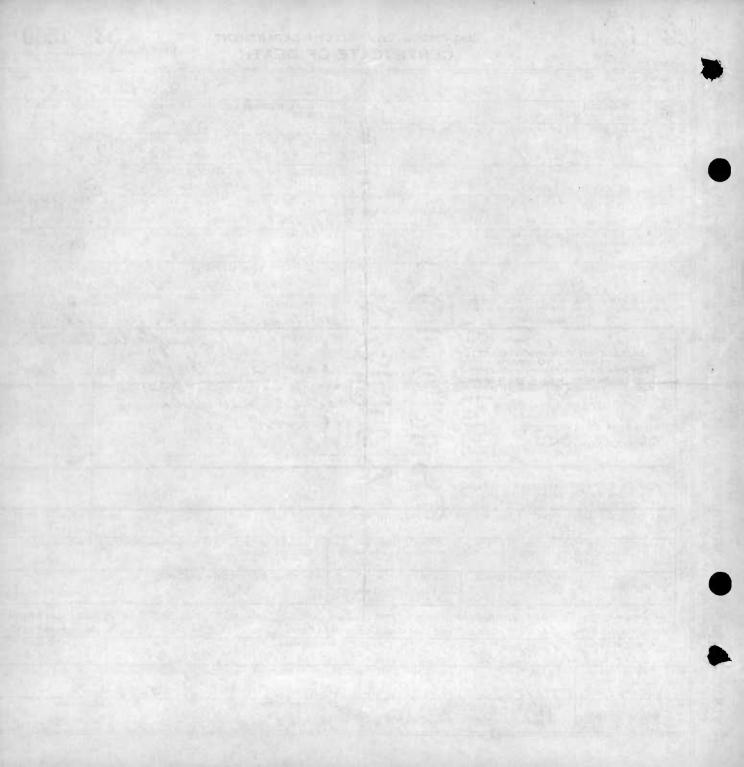
VS 150

MARGIN RESERVED FOR BINDING

CHARLOTTEW. BURNS MANELLEN INTERVAL BETWEEN 20. AUTOPSY (If in Baltimore City, give exact location) __, 19x3, that I last saw the m., from the causes and on the date stated above. 24D. LOCATION (City, town, or county) VS 150

12. CITIZEN OF

WHAT COUNTRY?



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 5 A. Baltimore City, Maryland 1 A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) (If outside corporate C. CITY OR TOWN WORAL and give INSTITUTION township) information should be can of death clearly and legibly Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED Il Under 1 Year 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. em of i 18. 420.0 INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., write RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ADING UNFADING Physicians: MARGIN 11 RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially NOT WHILE WHILE AT WORK AT WORK 195 that I last saw the 22. I hereby certify that I attended the deceased from TE Land that death occurred at. _m., from the causes and on the date stated above. deccased alive, on. 23A. SIGNATURE 238. ABDRESS 23c. DATE 2 24D. LOGATION (City, town, of county) 24A. BURTAL CREMA-24C. NAME OF CEMETERY OR CREMATORY 24B DATE PLEASE DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR mer tirector VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

	BIRT	TOOK	CERTIFICAT	E OF DEATH	Registered No.	
	1. N	AME OF DECEASED SILE IP	Pipnop		2. DATE OF FOLD	9 1959
	A. B	LACE OF DEATH: altimore City, Maryland	7 / 4 / 5 0	4. USUAL RESIDENCE (Wh		trtion: residence before admission)
	HOS	JLL NAME OF (If not in hospital or institution) (IT NOT IN HOSPITAL OR INSTITUTION) (If not in hospital or institution)	tion, give street address or location)	c. CITY OR TOWN (If o	utside corporate lights, w	te RETAL and give township)
0	c. L	ength of stay in Baltimore	Yrs. Mos. Days	b. STREET ADDRESS (If re	nral, give location)	
	5.5		E, MARRIED, WED, DIVORCED (Specify)	Oct 1883	9. AGE (in years if Under last birthday) Months	1 Year Mi Under 24 Hours Days Hours Min.
	work do	meduring most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	v.C.	CITIZEN OF WHAT COUNTRY?
		JOHN Fa	CION	Elizabeth	Boya	/
	15. V (Yes, n	WAS DECEASED EVER IN U. S. ARMED FORCES? Of unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Sadie WI	SON N.	Mount St
	18	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas lajury or complication which caused death	E., (A) H.y.p.	of death	lear / Diseas	INTERVAL BETWEEN ONSET AND DEATH
	ICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	(B) Gener	ralized Art		ż
	CERTIFIC	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATION THE DISEASE OR CONDITION CAUSING	ŁD .			
			FINDINGS OF OPER	RATION		20. AUTOPSY?
Por our		21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, give	exact location)
		DE ID. TIME (Month) (Day) (Year) (Hour) DF INJURY	21E. INJURY OCCURRI		OCCUR?	
Topodo.		22. I hereby certify that I attended the deceased alive on F20 2 19	deceased from 1 y	1 ne 1957 to Frred at 1 2 m., from the	e causes and on the d	at I last saw the
200	2	BANGNATURE LA Mest	pr v) M.D. /	1902 Coludn	dean 2	3c. DATE SIGNED
200	1221	RURIAL, CREMA- REMOVAL (Specify)	24c. NAME OF CEMETE	HAMPING 249. LO	CATION (City, town, or e	ounty) (State)
100		E RECEIVED BY REGISTRAD'S SIGNATURAL REGISTRAR	JRE LOVED ST	25. FUNERAL DIRECTOR	Hans H.	DRESS 3 2

THE RESERVE OF THE PARTY OF THE

1	5	660 3 1583		EALTH DEPARTMENT E OF DEATH	53 Registered No.	1583
PLEASE TTE PLA Y, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legisty.	1. (T) 3. A. B. H. IN C. 5.	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SI W. A. USUAL OCCUPATION (Give kind of chone during most of working life, even if retired) FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCE, no or unknown) (If yes, give war or dates of service of the color of the co	Sistitution, give street address or location) Howkital Yrs. Mos. Days NGLE. MARRIED. IDOWED, DIVORCED (Specify) KIND OF BUSINESS OR INDUSTRY Coal Co. ES? T6. SOCIAL SECURITY NO. CAUSE CTLY g, e. g., disease, death.) DUE TO	a. USUAL RESIDENCE (WA. STATE C. CITY OR TOWN (IF BELLING D. STREET ADDRESS (IF 2824) 8. DATE OF BIRTH June 12, 1882 11. BIRTHPLACE (State or fo	Chere deceased lived. If inst B. COUNTY outside corntrate limits, we cural, give location) SAGE (in years lift Unda last birthday) Months reign country) (Maryland) ADDE	before admission) rite RURAL and give township) 1 Year # Under 24 Hours Days Hours Min. CITIZEN OF WHAT COUNTRY?
	DA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour OF INJURY 22. I hereby certify that I attended	S CON. ELATED ING IT. AJOR FINDINGS OF OPER S. PLACE OF INJURY (e. g., i. home, farm, factory, street, office bldg., 1 21E. INJURY OCCURR M. HILE AT NOT WHILE M. WHILE AT WORK A the deceased from A and that death occur 24C. NAME OF CEMETE Prospect Cen NATURE.	ED 21F. HOW DID INJURY 21F. HOW DID INJURY 1952, to 1963. ADDRESS RY OR CREMATORY 24D. LC Mt. 25 FUNERAL DIRECTOR	he causes and on the of the causes are caused and the cause are caused and the caused a	hat I last saw the late stated above. 3C. DATE SIGNED 2 - county) (State)

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. DATE OF Feb. 11, 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) A. STATE Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give Catonsville D. STREET ADDRESS (If rural, give location) 617 Orpington Road 8. DATE OF BIRTH 9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months; Days Hours; Min. 11/27/1859 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY U. S. Maryland 14. MOTHER'S MAIDEN NAME

17. INFORMANT

Catonsville, Md. Gabriel E. Servary 617 Orpington Road CAUSE OF DEATH

(A) ACUTE PULLMONARY EDENIA (B) SATERIO SCLEROTIC CARRIS -

21F. HOW DID INJURY OCCUR?

, 195 to_

24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

AT WORK

22. I hereby certify that I attended the deceased from Z// deceased alive on 2/11, 1962, and that death occurred at 2.22m., from the causes and on the date stated above.

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Loudon Park Cemetery

25. FUNERAL DIRECTOR

238. ADDRESS

21c. WHERE DID

INJURY OCCUR?

Baltimore, Md

Catonsville. Md

that I last saw the

(If in Baltimore City, give exact location)

20. AUTOPSY

23c. DATE SIGNED

VS 150

especially ITE PLA S PLEASE correct age

supplied.

Every

UNFADING

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF T.EON ADAMSKI DEATH February 9, 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY A. Baltimore City, Maryland A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or write RURAL and give HOSPITAL OR c. CITY OR TOWN (If outside corporate limi INSTITUTION 514 S. Wolfe Street township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. information should be call of death clearly and legil Mos. 45 yrs 514 S. Wolfe Street c. Length of stay in Baltimore Days 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White April 10, 1891 Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTR INDUSTRY Steel Mfg. Poland Carpenter Helper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul Adamski Maryanna Ustewiec 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. 07 6501 Mrs. Maryanna Adamski, 514 S. Wolfe Street INTERVAL BETWEEN 18. CAUSE Condin Jamelus DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILF AT NOT WHILE AT WORK WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from, and that death occurred at \cancel{R} ·m., from the causes and on the date stated above deceased glive on 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 18 24D. LOCATION (CKIX 10) KIX TO redunty) 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY 245. DATE

Holy Rosary

DATE RECEIVED BY LOCAL REGISTRAR

Burial

markened form

REGISTRAR'S SIGNATURE

SADOWSKI & SONS. 1808 EASTERN AVENUE

25. FUNERAL DIRECTOR

Baltimore.

Maryland

ADDRESS

VS 150

<u>C</u>	53 158 BIRTH NO.	6			ALTH DEPARTMENT	Regist	53 ered No	1586
.pe	1. NAME OF E (Type or Print)	PECEASED FRAN	CES CR	IST		2. DATE OF DEATH	Pebruary	10,1953
ily supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 2031 Fleet Street			A. USUAL RESIDENCE (WA. STATE Maryland c. CITY OR TOWN Baltimore		ved. If institut	tion : residence before admissi	
e ca legibly	c. Length of s	stay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (If z 2031 Fleet Stre		on)	
g o	5. SEX Female	6.COLOR OR RACE		MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH November 30.1893	9. AGE (In ye last birthda	ears II Under 1 Yay) Months D	aar If Under 24 ii ays Hours M
n sho		CCUPATION (Give kind of of working life, even if retired) er	Food Ca	of BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country)		TIZEN OF HAT COUNT
NDING information should of death clearly an	13. FATHER'S NAME Peter Wagner (Ciupinski)		14. MOTHER'S MAIDEN NA Elizabeth Wisn					
SINDING of inform ses of dea	15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO. 213 16 9126	17. INFORMANT Mrs. Bertha Frede	erick,282	ADDRES	

2. CITIZEN OF WHAT COUNTRY? DRESS lham Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-

22. I hereby certify that I attended the deceased from

SE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthonia, etc. It means the discasc. injury or complication which caused death.) ANTECEDENT CAUSES

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

> 218. PLACE OF INJUR Y (e.g., in or about home, farm, factory, street/office bldg., etc.)

DUF TO

FINDINGS OF

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

Maryland

ADDRESS

NO

(State)

20. AUTOPSY

stitution : residence before admission) te WCRAL and give township)

Hours Min.

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WORK

AT WORK

OPERATION

19 that I last saw the and that death occurred at Lm., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED

Baltimore

1000		
4A. BURIAL. CREM. ON. REMOVAL (Specify	A- 248. DATE /	240
/	9) - 1-1-1-	
Burial /	1 2/14/53	
ATE RECEIVED BY	REGISTRAR'S SIGI	NATURE

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (OIL NAME ounty) Holy Rosary

> SADOWSKI SONS, 1808 EASTERN AVENUE

21F. HOW DID INJURY OCCUR?

VS 150

LOCAL REGISTRAR

19A. DATE OF

Every item write the cau

UNFADING INK. Physicians: please

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PLEASE

CERTIFICATION

EDICAL important.

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FOR

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deceased alive on The

23A, SIGNATURE

25. FUNERAL DIRECTOR

William In Manual House (a)

Committee of the Commit			

1922, and that death occurred at.

Woodlawn Cemeterv

(If outside corporate limit, write HURAL and give If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) , 19.53 that I last saw the m., from the causes and on the date stated above. 24C. NAME OF CEMETERY OR CREMATORY / 24D. LOCATION (City, town, or county) Woodlawn Md 25. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,

1588

before admission)

VS 150

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

N8200

deceased alive on 2-10-

Burial

TE

24B. DATE

2-14-1953

REGISTRAR'S SIGNATURE

4608 The ford 18 . 3/a 0761 diver it work the state of the s MARKET STREET, TO STREET . Over no militar 1988 in contract of the late of the

PLEASE WAITE PLAINLY, WITH correct age is especially important.

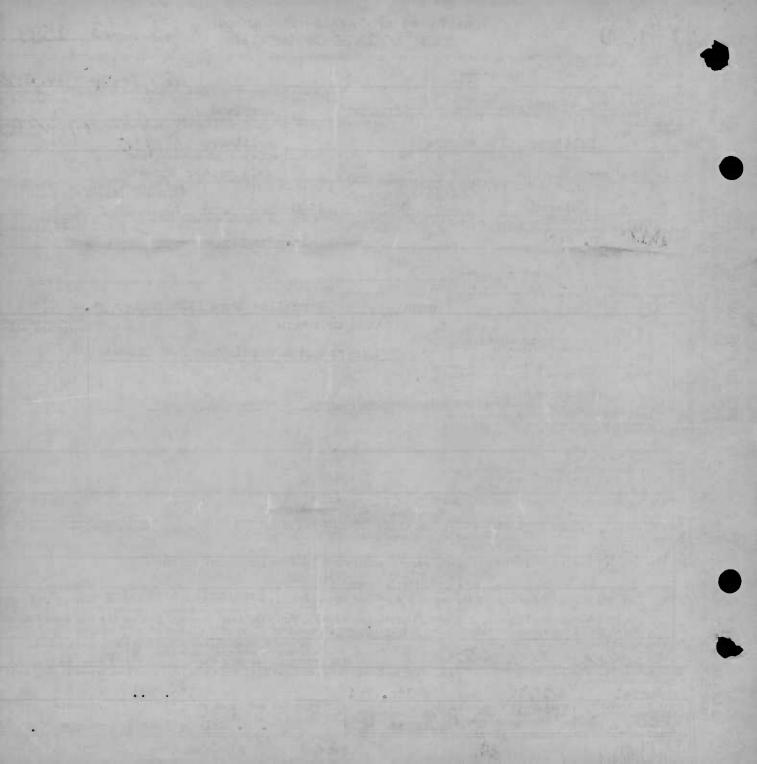
BALTIMORE CITY HEALTH DEPARTMENT

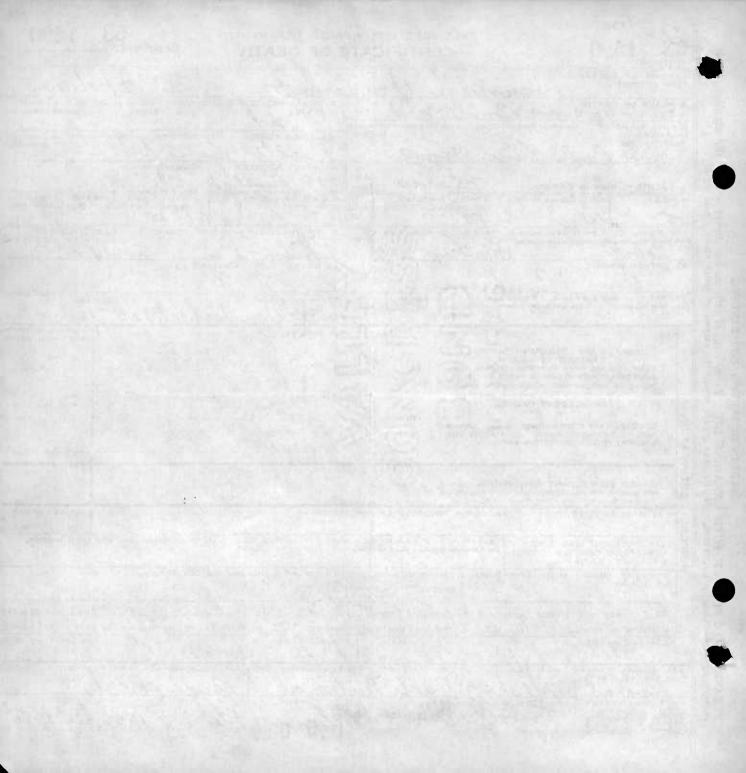
Registered 53 1589

BIRTH NO.	., -		CLICITI ICATI	OI DEAT		
1. NAME OF (Type or Prin	4)			_	2. DATE	
	HE	NRIETTA	SHAV		DEATH F	ebruary 10, 1953
3. PLACE OF A. Baltimore	e City, Maryland			A. STATE	ENCE (Where deceased live B. COUNT	d. If institution; residence Y before admission
B. FULL NAME OF The not in hospital or institution, give street address or HOSPITAL OR location)			c. CITY OR TOWN	yland (If outside corporate)	limits, write RURAJ and giv	
Baltimore City Morgue			Bal	timore //	n township	
Yrs.			D. STREET ADDRESS (If rural, give location)			
	f stay in Baltimore		Mos. Pays	133	5 Mosher Street	
5. SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTI		Months: Days Hours: Min.
Female			M	1900	52	
	OCCUPATION (Give kind of ost of working life, even if retired) H. Wife		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	Henry Brown			9		
15. WAS DECE	ASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown	wn) (If yes, give war or date	e or service)	security No.	Warcellus	Shaw 1335 Mosh	er St.
18. 11.	121			OF DEATH		INTERVAL BETWEEN
Z DISEA: O RISE TO UNDER	loes not mean the mode of ailure, asthenia, etc. It mes or complication which of any of the complication of the complication of the complication of the above cause (A) RLYING CONDITION LAST CONDITION TO THE DEATH, BUT CONDITION TO THE DEATH CONDITION TO THE	uns the diseas caused death SES F ANY, GIVIN STATING TH ST.	(B)		diovascular dis	
E 3		The second of the second	FINDINGS OF OPER	ATION		20. AUTOPSY?
1						YES NO X
UNDERLY	ERNAL CAUSE WAS ING OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		OID (If in Baltimore C	ity, give exact location)
	(Month) (Day) (Year)		21E. INJURY OCCURRI	21F. HOW DID	INJURY OCCUR?	
the	evidence obtained by	ge of the	remains described a	nguiry, find that	Autopsy, Inspection or Inqu	n the day stated above
23A. SIGN		WX7	1	23B. CHIEF MI ASSISTANT M	EDICAL EXAMINER	23c. DATE SIGNED Feb. 11, 1953
24A. BURIAL TION, REMOVAL	(Specify)		C. NAME OF CEMETE		24D. LOCATION (City, t	own, or county) (State)
Buria	1 2/14/53		Balto. Nat		Belto. Mdl	
DATE RECEI		and the same of	10 No. 3 0-	25. FUNERAL DIR	ECTOR (ADDRESS

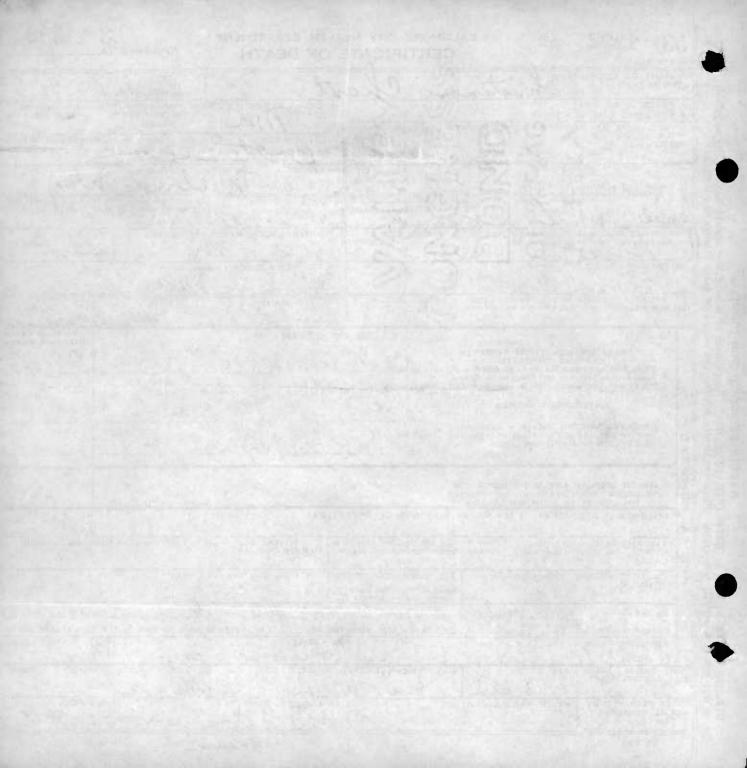
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Aleo. A. Kelson



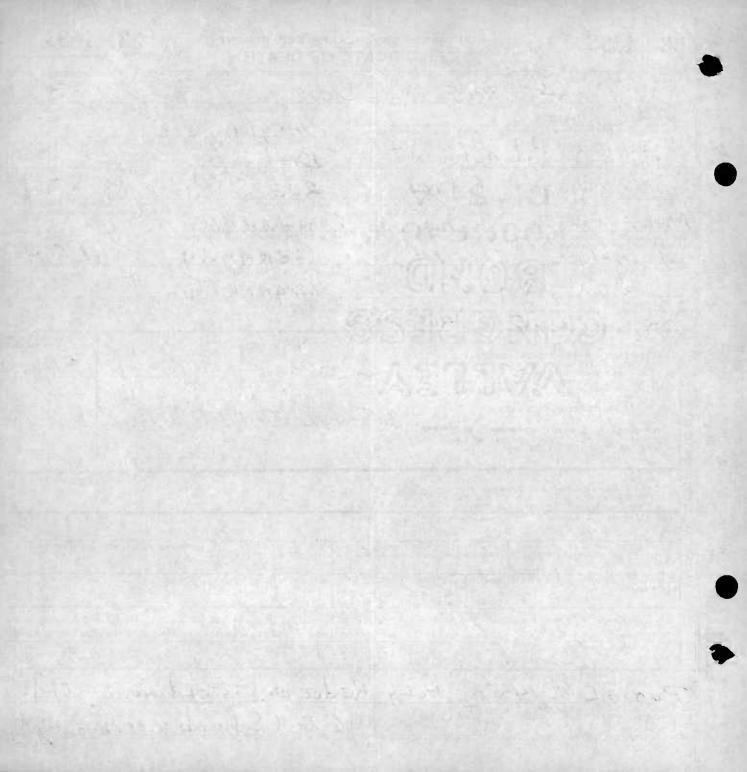


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2	+ 360		
and	53 1593 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No. 1593
I pe	1. NAME OF DECEASED GEO	RGE RITTER	2. DATE OF 2-10-53
supplied.	3. PLACE OF DEATH: a. Baltimore City, Maryland	A. STATE	There deceased lived. If institution: residence B. COUNTY before admission)
ully y.	B. FULL NAME OF (If not in hospital of INSTITUTION 3 S. Pul	ASKI ST. BALTIN	outside corporate limit. Tyrke (URAL and give township)
legib	c. Length of stay in Baltimore	64 XRS, Mos. Days 203 S.	Pulaski St.
uld be	MALE White	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min.
information should be c	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or for	preign country) 12. CITIZEN OF WHAT COUNTRY?
matio	13. FATHER'S NAME	14. MOTHER'S MAIDEN N.	AME)
infor s of d	15. WAS DECEASED EVER IN U. S. ARMED F. (Yes, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO SECURITY NO 2/3 70-3380	ADDRESS
item of i	18. 420.0 DISEASE OR CONDITION	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
Every ite	(This does not mean the mode of content failure, asthenia, etc. It means injury or complication which caus	the disease,	Intomboses 2 MINUTES
	ANTECEDENT CAUSES	(B) Unterioschoolic Hear	t Disease 6/2 yrs
DING IN	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	ATING THE DUE TO	0
UNFADING INK. Physicians: please	THER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO	T RELATED	
H		. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Y, WITH important.		21B. PLACE OF INJURY (e.g., in or bout home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	f in Baltimore City, give exact location)
N P	21D. TIME (Month) (Day) (Year) (H	Our) 21E. INJURY OCCURRED 21F. HOW DID INJURY	OCCUR?
TE PLA especial	22. I hereby certify that I atten		Feb. 10, 1953 that I last saw the
2	deceased alive on LUVIO,	Polo 23B. ADDRESS Thilt	he causes and on the date stated above. 23c. DATE SIGNED Feb. 1/ 105
PLEASE V correct age	24A. BURIAL, CREMA: 246. DATE TION REMOVAL (Specify) BURIAL 2-14-	24C. NAME OF CEMETERY OF CREMATORY 24D. L. 53 HOLY RESEMBER TO	OCATION (City, town, or county) (State) PALTIMORE, Md.
PLE. corre	DATE RECEIVED BY REGISTRAR'S		ADORESS
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DATE RECEIVED BY VS 150

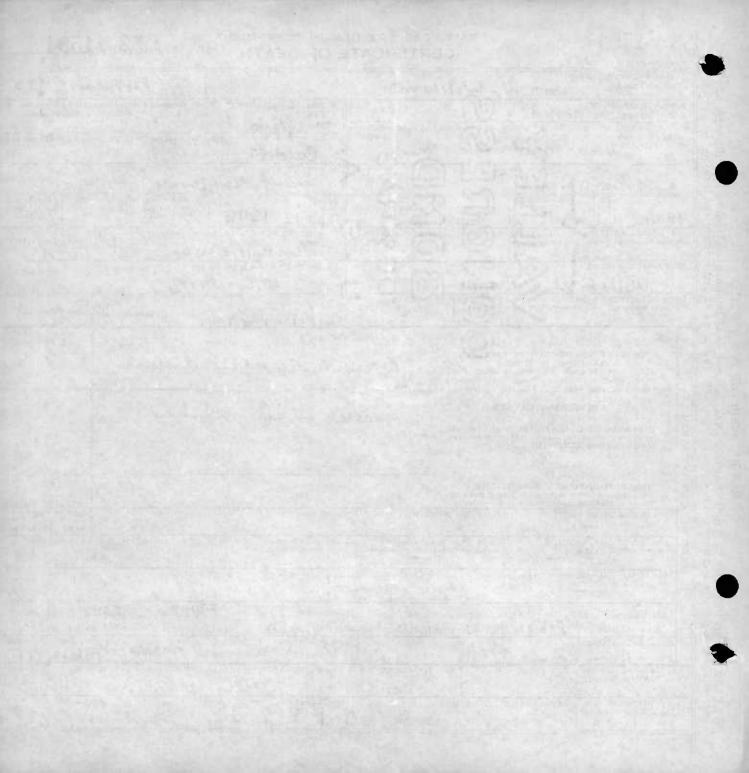


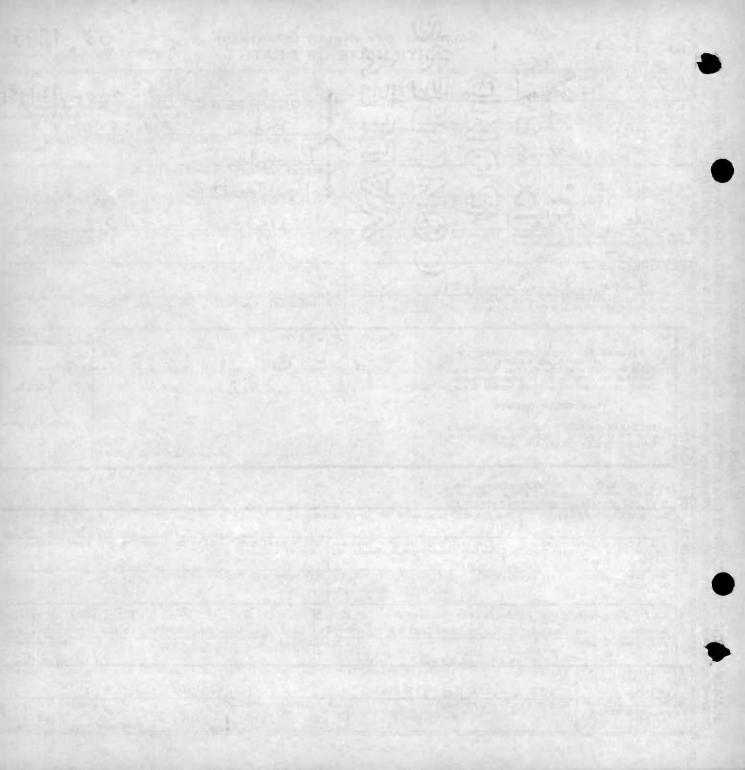
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1	53	1594

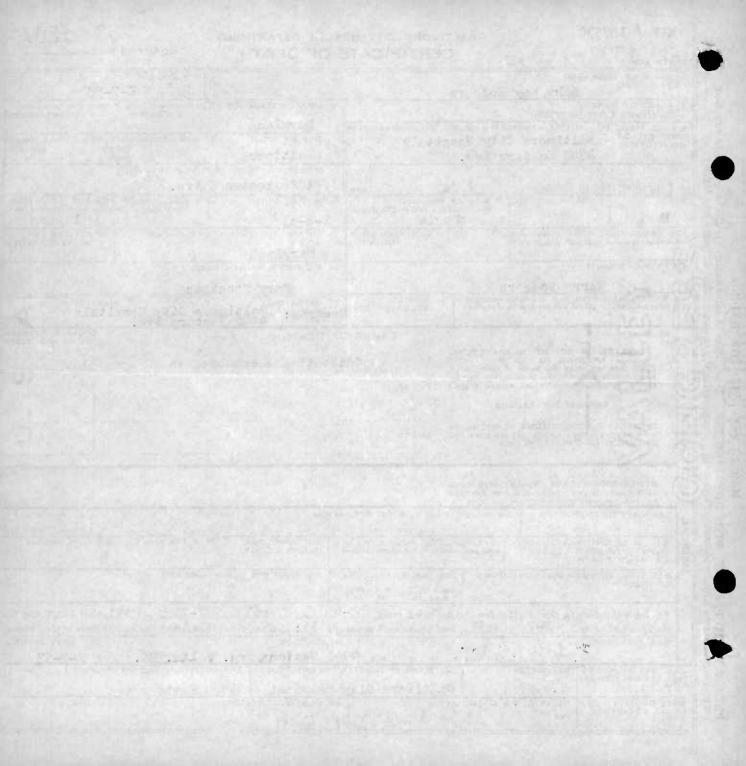
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1594

В	RTH NO.		CERTIFICAT	E OF DEATH	Registered No	
1. (T	NAME OF DECEASED John	W. W.	lliams		OF Physics 2. DATE OF Physics 12. DATE OF DEATH	ay 12,1953
3.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY,	stitution: residence before admission)
В.	FULL NAME OF (If not in hosp	ital or institution		Maryland	! Han	end
17	ISTITUTION Union Mem	orial 14	location)	c. CITY OF TOWN (If	outside corporate limits,	write RURAL and give township)
c.	Length of stay in Baltimore	7.	Yrs, Mos. Days	D. STREET ADDRESS (If		6200
5.	SEX 6. COLOR OR RACE		. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		nder I Year If Under 24 Hours hs: Days Hours: Min.
	yale White		Wild	Sept 12, 1876	75	ns Days Hours Min.
1C wor	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
	men &		CENT	renney/ra	ma	USA
13	FATHER'S NAME			14. MOTHER'S MAIDEN N.		
	Wilham W. W.			Ellen 1	arry	
(Ye	WAS DECEASED EVER IN U.S. ARM s, no or nnhnown) (If yes, give war or da	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mes H. Baymond Man	4	RESS Lub Masse
	18. 420.0		CAUSE	OF DEATH	-	INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO					
_	ANTECEDENT CAUSES (B) CHILLIANS OF ANY CHANGE					
FICATION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION) STATING TH	9			
Ē			(C)			
ERT	OTHER SIGNIFICANT CONI	NOT RELATE	D			
U	19A. DATE OF OPERATION		FINDINGS OF OPER			20. AUTOPSY?
N Y			-			YES NO
EDICA	21A, ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLA about home, fe	CE OF INJURY (e. g., i	n or 21c, WHERE DID (Cetc.) INJURY OCCUR?	If in Baltimore City, given	ve exact location)
Σ	21D. TIME (Month) (Day) (Yea OF INJURY		TE. INJURY OCCURR		Y OCCUR?	
			WORK AT WORK			
22. I hereby certify that I attended the deceased from Jan 21, 1953 to Feb 12, 1953 that						
	deceased alive on Fth 12	, 19_55_, a		rred at 435 pm., from t	he causes and on the	date stated above.
	May house	Sports	м. D.	Vrun Munne	el Mesos	Fab 12, 1253
71 TI	4A. BURIAL, CREVA- 24B. DATE ON REMOVAL (Specify)	5,5	AC. NAME OF CEMETE	ENY PR CREMATORY 240. L	OCATION (City, town, o	Pa (State)
		S SIGNATU	3 aganta	25. FUNERAL DIRECTOR	2 Harpin	ADDRESS PA







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information should be of death clearly and l

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UNFADING Physicians:

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18.

item

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1596

AGE (In yeurs | If Under I Yeer | If Under 24 Hours Inst birthday) | Months Days | Hours Min.

ADDRESS

12. CITIZEN OF

WHAT COUN

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPS

23c. DATE SIGNED 1-10.5

AGE (in years)

township)

BIRTH NO

1. NAME OF DECEASED (Type or Print)	, //	2. DATE OF DEATH Z	10-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE A. STATE	(Where deceased lived, B. COUNTY	If institution: residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c, CITY OR TOWN	(If outside corporate I	nial, wit Roll AL and give

INDUSTRY

CAUSE OF DEATH

prtanoscieroti

(A) Cardioresular reca

SECURITY NO

8. DATE OF

BIRTH

11. BIRTHPLACE (State or foreign country)

Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days

c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)

6 borgin 13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service)

and

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-

CAUSE OF DEATH

23A. SIGNATURE

OF INJURY

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour)

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

24C. NAME OF

DUE TO

19B. MAJOR FINDINGS OF

600940ne

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR?

21E. INJURY OCCURRED

WORK AT WORK

22. I hereby certify that I attended the deceased from -----

23B. ADDRESS

21F. HOW DID INJURY OCCUR?

, 1951, to 2-10, 1952, that I last saw the deceased alive on 2 103, and that death occurred at 1205 m., from the causes and on the date stated above.

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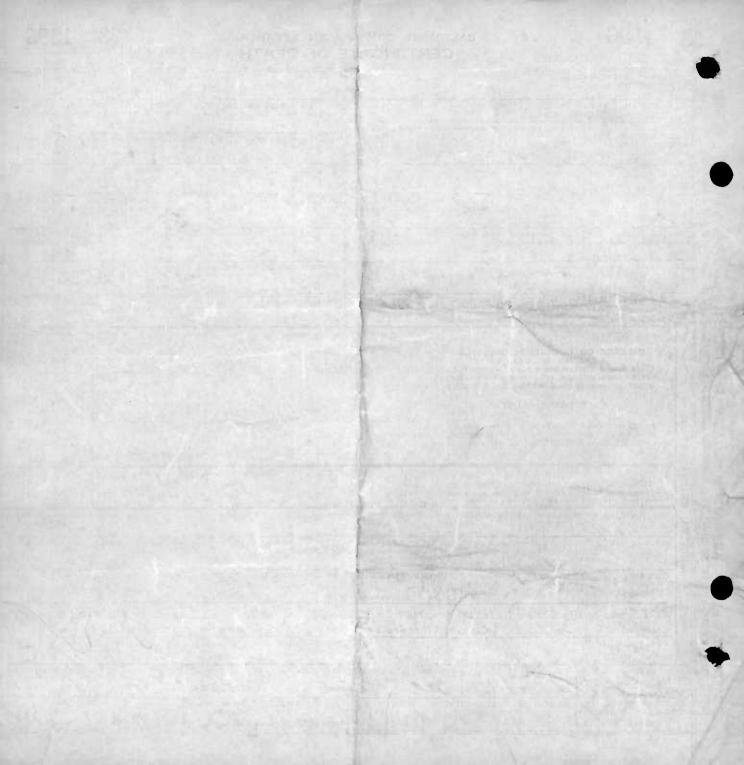
TION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE unal DATE RECEIVED BY

LOCAL REGISTRAR

(If in Baltimore City, give exact location)

VS 150



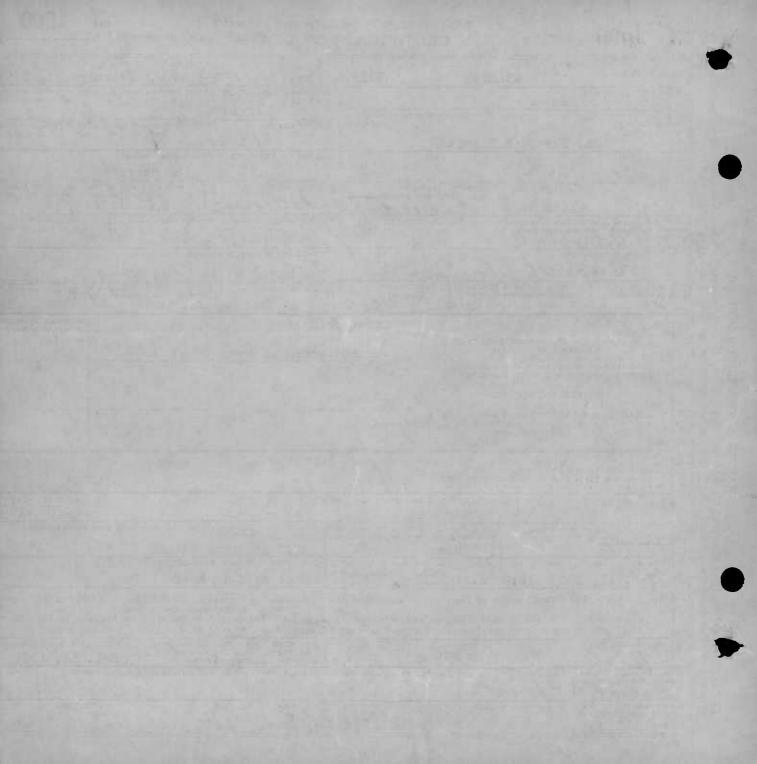
(-	Total	
	supplied.	
	ully	N. O.
MARGIN RESERVED FOR BINDING	WITH UNFADING INK. Every item of information should be a ully supplied. Te	Physicians: please write the causes of death clearly and legibly
RESER	INK.	nlease v
MARGIN	UNFADING	Physicians:
	HII	ant

	1	(A) (A)	EALTH DEPARTMENT 53 1598				
	81	STRTH NO. 13-03092 CERTIFICATE OF DEATH Registered No. 1338					
		NAME OF DECEASED Spe or Print) Baby Girl Gaines Gladys	2. DATE OF DEATH 2-7-53				
	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
	HC	FULL NAME OF STITUTION STITUTION (If not in hospital or institution, give street address or STITUTION Baltimore City Hospital location) 4940 Eastern Ave.	C. CITY OR TOWN (If outside corporate imits, write RyRAL and give				
6404	0	Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)				
904	c.	Length of stay in Baltimore 2 days Mos.	1003 Rutland Ave.				
nun ,	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8 ingle	Feb. 5, 1953 9. AGE (in years of Under 1 Year Months Days Hours Min.				
1	10. work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?				
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
2		John Jones	Gladys Gaines				
1000	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospital 4940 Eastern Ave.				
	RTIFICATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	aturity				
	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NAT				
Thorac a	MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., e					
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY m. WHILE AT WORK AT WORK					
Tool on		deceased alive on 2-7, 19 53, and that death occur	2-5, 1953, to 2-7, 1953 that I last saw the rred at 12:15am., from the causes and on the date stated above.				
			23c. DATE SIGNED 2-7-53				
9 00	TIC	A. BURIAL, CREMA- N. REMOVAL (Specify) Cremated 2.11.53 Baltimore Cit.	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
200	DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS				

STATE ASSESSED STATE AND CO. Isa This was mental to a

4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits write RURAL and give township AGE (In years If Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTR 2609 E. PRESTONS 20. AUTOPSY (If in Baltimore City, give exact location) , 19 5 3 hat I last saw the causes and on the date stated above. 23c. DATE SIGNED DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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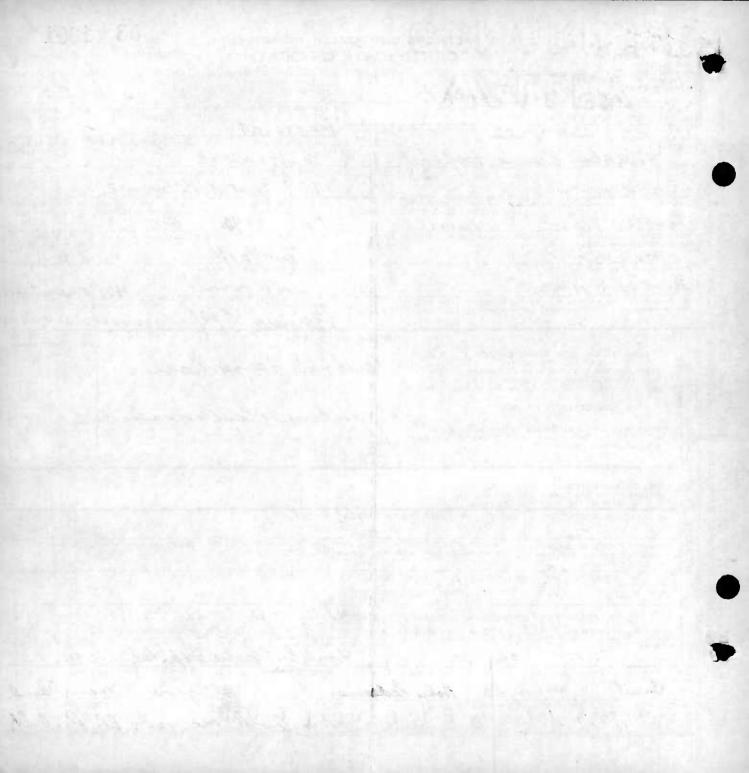
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H	BIRTH NO.	

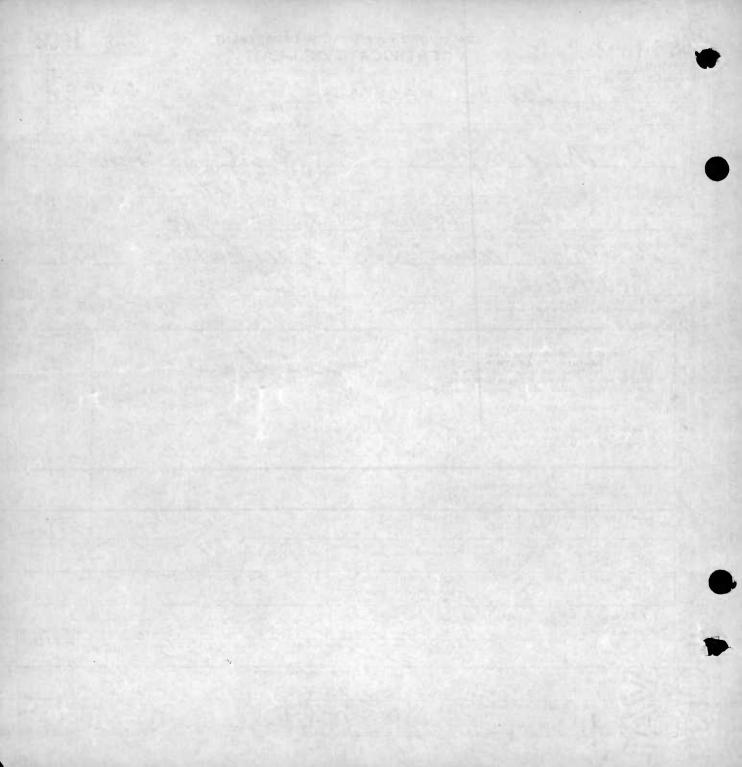
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	1601
gistared No	

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	ns Franc	Na podenila		2. DATE. OF	9/11/5-3
3. PLACE OF DEATH: A. Baltimore City, Maryl		es	4. USUAL RESID	DEATH ENCE (Where deceased liv	ed. If institution: residence before admission)
		ion, give street address or location)	/	19.	
Franklin 7	quare How	pifal	Balti	more 0	township)
36		28 — Yrs. Mos.	D. STREET ADDR	1 . 11 0	
c. Length of stay in Balt		Days	-	art North Cire	
T 1		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTI	last birthday	
10A. USUAL OCCUPATION (Givekindel 108 KIND	OF BUSINESS OR	7 //8 / (State or foreign country)	12. CITIZEN OF
work dooe during most of working life, eve Ho use wr fl	o if retired)	INDUSTRY	News	Voyld.	WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME	
AUGUST SYIK	a		unk	nown	408 Maragret au
15. WAS DECEASED EVER IN U. (Yes, co or unkoowo) (If yes, give	S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT	m fr	ADDRESS Green 21 74
18. 443X		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CON	DITION DIRECTLY			746 0	ONSET AND DEATH
(This does not mean th	TO DEATH	. Cere	eleral He	morrhage	
heart failure, asthenia, e injury or complication	tc. It means the diseas	e.		0	***************************************
ANTECEDEN					
	II CAUSES	18 76 4 h.	entensive	Cardio vas au	as depend
O DISEASES OR CONDIT	TIONS, IF ANY, GIVIN	G		•••••••••••••••••••••••••••••••••••••••	
DISEASES OR CONDITION OF THE ABOVE CAUNDERLYING CONDITION OF THE ABOVE CAUNDERLY CAUNDER	TION LAST.	(C)			
		(0)			•••••••••••••••••••••••••••••••••••••••
OTHER SIGNIFICANT					
H TRIBUTING TO THE DEA	TH, BUT NOT RELATE	D			
TO THE DISEASE OR CO		FINDINGS OF OPER	ATION		20, AUTOPSY?
A	0				YES NO
21A. ACCIDENT WAS U LYING OR CONTRIBU		CE OF INJURY (e. g., id arm, factory, street, office bldg., e	or 21c. WHERE E	(If in Baltimore (R?	City, give exact location)
21D. TIME (Month) (Day	y) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
OF INJURY	, m.	WHILE AT NOT WHILE			
22. I hereby certify th			2/11, 195.	3, to 2/11/,	1953, that I last saw the
deceased alive on 2/			- 170		inac i last ball the
	11/, 1953.	and that death occur	red at 7. 40 pm.	, from the causes and	on the date stated above.
23a. SIGNATURE Dr. 7	1. Espicos	2	Franklin Sy	wave Hospita	on the date stated above. 23c. DATE SIGNED 2/11/53
23A. SIGNATURE 27. 7	1. Espicose	2 M. D. 2	Jon Address Franklin Sy	11.1.4	on the date stated above. 23c. DATE SIGNED 2/11/53
23A. SIGNATURE DY. 7 24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B.	Espinose - / 16/53	2 M.D. 2 24C. NAME OF CEMETE Holy Redgen	3B. ADDRESS Franklin Sy RY ON CREMIT SAF	Juane Hospita 240. LOCATION (City, Baltimore	on the date stated above. 23C. DATE SIGNED 2/11/53 town, or county) (State) manyland
23A. SIGNATURE DY. 7 24A. BURIAL, CREMA- TION, REMOVAL (Specify)	1. Espicose	2 M.D. 2 24C. NAME OF CEMETE Holy Redgen	Jon Address Franklin Sy	Juane Hospita 240. LOCATION (City, Baltimore	on the date stated above. 23c. DATE SIGNED 2/11/53



P	14	F27 BALTIMORE CITY HE	EALTH DEPARTMENT /	53 1002
9) E	1602 CERTIFICAT		egistered No. 1002
d.	,1.	NAME OF DECEASED JOSEPH PALECH	e K 2. DAT	2-11-5.3
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where dece	
lly su	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR ISTITUTION		orporate limits, write RURAL and give
	3	Yrs.	D. STREET ADDRESS (If rural, giv	notowny e location)
oe ca	-	Length of stay in Baltimore Mos. Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	2935 Balts, 6	(in years K Under 1 Year K Under 24 Hours
should be		White WIDOWED DIVORCED (Specify)	Jan 19 \$ 1904 49	birthday) Months Days Hours Min.
on shou clearly		A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY) A. USUAL OCCUPATION (Give kind of 10B. KIND OCCUPATION (Give kind of 10B. K	11. BIRTHPLACE (State or foreign con Chelhoslowakie	12. CITIZEN OF
IDING information of death cle	13	Emil Palechek	14. MOTHER'S MAIDEN NAME	
BINDING of inform uses of dea	15 (Y)	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	935 Bolto, Cera
2 2		18. 201X CAUSE	OF DEATH	INTERVAL BETWEEN
FO it he		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Intinia dispano	, ,
- * .		(This does not mean the mode of dying, e.g., (A)		- Life house
D5 '		ANTECEDENT CAUSES		
RESERVED INK. Ever	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		
NG NG	CAT	UNDERLYING CONDITION LAST. (C)		
MARGIN NFADIN nysicians:	E	II		
MARGIN UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
н.	L	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Y, WITH	ICA	21a. ACCIDENT WAS UNDER: 21b. PLACE OF INJURY (e.g., i		YES NO Limore City, give exact location)
X, npor	MEDI	LYING OR CONTRIBUTING Obout home, farm, factory, street, office bldg.,	otc.) INJURY OCCUR?	
DA		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE		₹?
PLA eciall		m. WORK AT WORK 22. I hereby certify that I attended the deceased from 12.	-10 1053 to 3 -11	1963 that I last saw th
FE PI especi		deceased alive on 2-1/-53, 19, and that death occur		es and on the date stated above
		23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED
E W	2	4A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION	N (City, town, or county) (State)
AS	TT.	Bursal 2/14/53 Weadow.	Ridge Dong	Ey md.
PLEASE W correct age		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR THE STATE OF THE	25. FUNERAL DIRECTOR VICTOR Suc 1217	St. Paul St
		VS 150 0 570 C	0	

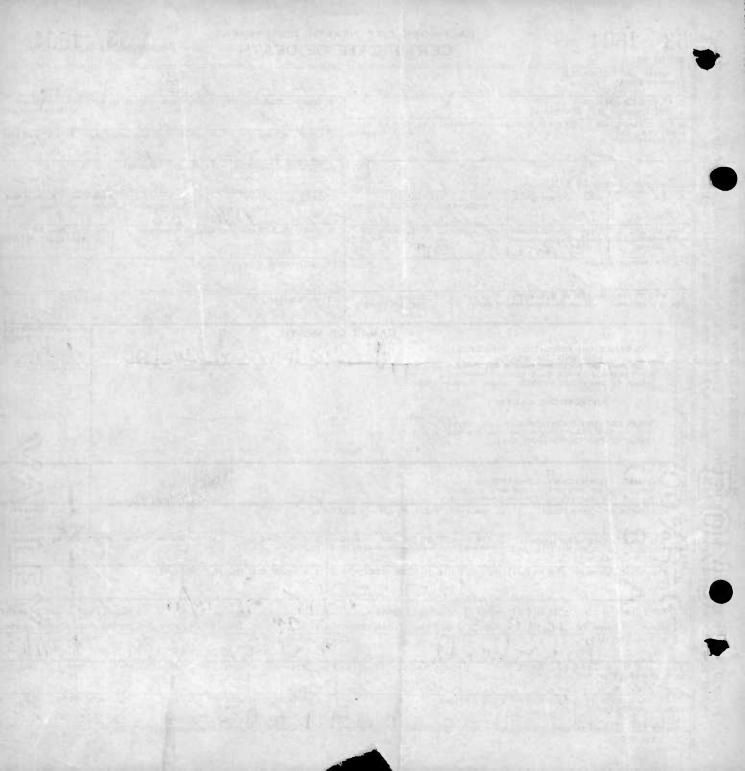


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1. NA	ME	OF.	DE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

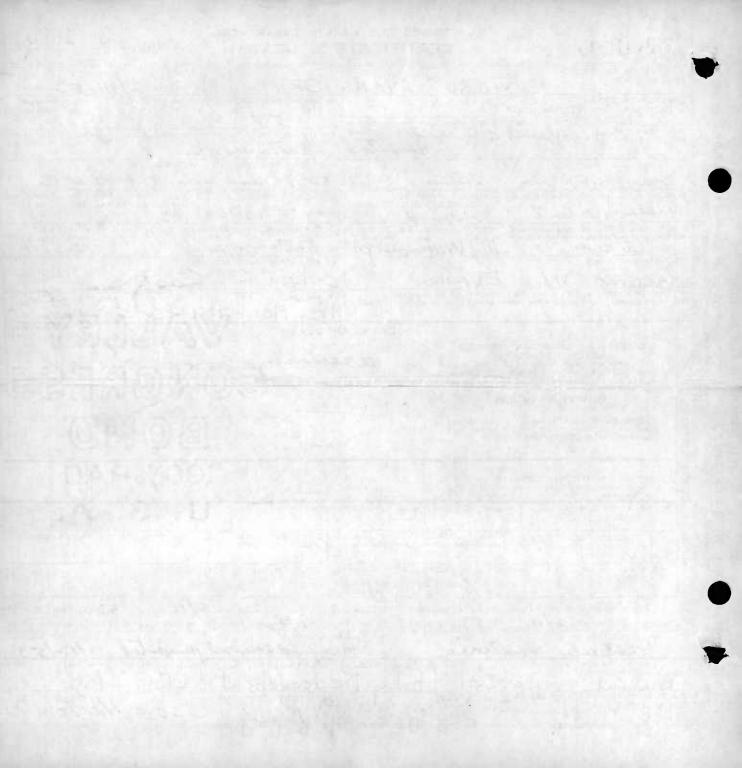
Registered No. 1603

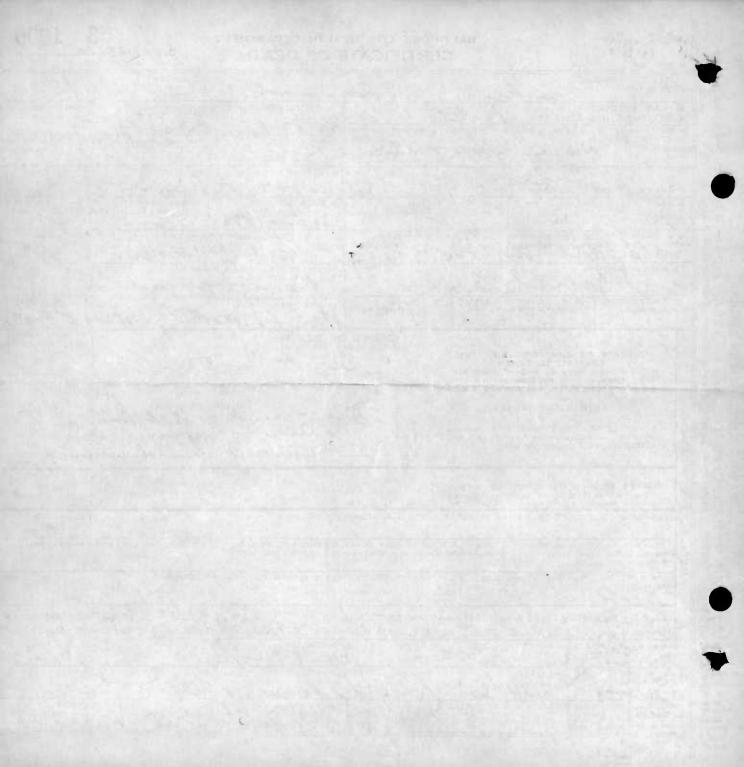
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Lange Language 2. DATE OF DEATH Tele	munn 10,195
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY	f institution (residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	1
INSTITUTION JOHNS HOPKINS HOSPITAL	ts write RURAL and give township)
Yrs. D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Days 1006 E. Bultumano	<+
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years)	If Under 1 Year If Under 24 Hours
male White Single 10-18-88 last birthday) M	onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of oreign country) work done by ring prost of working life, even if retired) 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Salasman Rovelty Balto, Md.	WHAT COOKINT
13. FATHER'S NAME	
alfred E. Languead Clien Kane	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or traknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL	ADDRESS
	(INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	75 da
heart failure, asthenia, etc. It means the disease, injury or complication which caused death,)	***************************************
	2-1
Z ANTECEDENT CAUSES (B) Verfor tion of segment colon	15da.
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON.	
OTHER SIGNIFICANT CONDITIONS CON.	1 2 44.5
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	, Z MO.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e. g., in or 21c, WHERE DID (If in Baltimore City, about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	YES NO NO
LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?	give exact location;
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY	
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 2-5, 1953, to 2-16, 195	3, that I last saw the
deceased give on 2-10 . 1953 and that death occurred at 8 20 m., from the causes and on t	
23A. SIGNATURE Land No Teele 23B. AUTOFINS HOPKINS HOSPITAL	23c. DATE SIGNED
24A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town	n, or county) (State)
Harial 2/14/53 Cathedral Bulto.	md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
FEB 13 1953 Huntington 15 11 2 wit 15 10 - Cook Sic. 7217 S. Pau	est.
100	7
49068	



MARGIN RESERVED FOR BINDING

	100	EALTH DEPARTMENT	3 1805		
	BIRTH NO.	E OF DEATH Registered 1	No.		
	1. NAME OF DECEASED (Type or Print) EDWARD EVANS	S SR. 2. DATE OF DEATH 2/1	1/53		
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution : residence hefore admission		
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Maryland a were location)		, Frite LURAL and giv		
	Haspilat	Baltimare	township		
	c. Length of stay in Baltimore	o. STREET ADDRESS (If rural, give location) 3523 Green warm 4 22	u; #18		
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (in years)	Under I Year If Under 24 Hours onths: Days Hours: Min.		
-	10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	way 25, 1870 82	4 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
1	work done during most of working life, even if retired) CITY WATER DEDT	11. BIRTHPLACE (State or foreign country) Baltiware	WHAT COUNTRY		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	OLIVIA J. COOKE			
	(Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO.	Mrs. Marie Holmes - 9	DDRESS 3523		
1	18. 57 8 X CAUSE	OF DEATH	INTERVAL BETWEEL		
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEAT		
	(This does not mean the mode of dying, e.g.,	remain of gutestinal			
	injury or complication which caused death.) DUE TO Lea	warrhoge			
	ANTECEDENT CAUSES				
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
П	ONDERETING CONDITION EAST.				
	OTHER SIGNIFICANT CONDITIONS CON-				
OTHER SIGNIFICANT CONDITIONS CON-					
	TO THE DISEASE OR CONDITION CAUSING IT.	RATION	20. AUTOPSY?		
	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., 1		YES NO D		
1	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltimore City, 1 NJURY OCCUR?	give exact location)		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR				
	m. WHILE AT NOT WHILE AT WORK AT WORK				
	22. I hereby certify that I attended the deceased from 2	/9 , 1953 to 2/11 , 19 6			
	deceased alive on 2/11, 19.53, and that death occur	rred at 11 m., from the causes and on the	he date stated above 23c. DATE SIGNED		
1	111:5:	rangland accural Haspital	2/12/53		
	24A. BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMETE TION, REMOVAL (Specify)) I D I	or county) (State)		
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	COCCHEY DALIO	ADDRESS		
	LOCAL REGISTRAR Tuntington Linualus 1:2	Ruch 5305 K	Partord Ro		
	Vs 150	Nord.			





BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

X Registered No. 1607

BIRTH NO.							
1.	NAME OF D	ECEASED		ь.		2. DATE OF	
	1	MAI	RY ELIA	BETH PHILLIP		DEATH Feb. 1	2,1953
				4. USUAL RESIDENCE (Where deceased lived. If B. COUNTY	institution : residence before admission)	
В.	FULL NAME OF (If not in hospital or institution, give street address or				12al	Incaras	
	HOSPITAL OR location)				c. CITY OR TOWN	If outside corporate limits	s, write RURAL and give township)
1st	1	St.	Joseph's	Hospital	Baltimore		oo waship)
7				Yrs. Mos.	D. STREET ADDRESS (I		
		tay in Baltimore		life Days		Avenue - 6	2300
5.	SEX	6. COLOR OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specif	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths: Days Hours Min.
-	Female	White		rried	Dept. 7-1901	53	
1C worl	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housew	ork	Own h		Baltimore		WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
100			5	redials	ANNA ?		
15	. WAS DECEASE	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL	17. INFORMANT	AI AI	DDRESS 5/21
(10	s, no or unknown)	(11 yes, give war or date	s of service)	SECURITY NO.	Mr Harry	Phillips -	KENINDAN
	18. 577	9		CALISE	OF DEATH	111111193	INTERVAL BETWEEN
	210		DIRECTIV	CAUSE	OF BEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Venous Thrombosis - right arm						
	heart failu	re, asthenia, etc. It mca	ns the disease				***************************************
	injury or	complication which	aused death.	DUE TO			
	ANTECEDENT CAUSES Chronic Ulerated Colitis						
6	DISEASES OR CONDITIONS, IF ANY, GIVING			******			
E	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-						
2				(C)		***************************************	
분							
ER	OTHER SIGNIFICANT CONDITIONS CON-						
Ü	TO THE D	ISEASE OR CONDITION	CAUSING IT				
4	19A. DATE C	OF OPERATION 0 1	9в. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
CAL		-	l oin Di A	CE OF INITION (1 21c WHERE DID	/Id in Baltimon City	YES NO X
EDI	LYING O	R CONTRIBUTING		CE OF INJURY (e. g., rm,factory,street,officebldg		(If in Baltimore City, g	(ive exact location)
Z	CAUSE OF						
	OF INJURY	(Month) (Day) (Year)		1E. INJURY OCCUR		RY OCCUR?	
m. WHILE AT NOT WHILE AT WORK							
	22. I hercb	y certify that I att	ended the	ded the deceased from Nov. 25 th, 19 52 to Feb. 12, 19 53, that I last saw the			
	deceased alive on Feb. 1219 53, and that death occurred at 1212 m., from the causes and on the date stated above						
	234 SIGNA		1.	,	23B. ADDRESS	,	23c. DATE SIGNED
	Osval	do Beno	- June	nly M.D.	1400 N. Careline	Street - 13	Feb.12,1953
2. TI	A. BURIAL, (S	CREMA- 24B. DATE	1 2	4c. MAME OF CEMET	ERY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
	Buria	L 2-14	-13	Ballo.	Cem .	Ballo	MG
	ATE RECEIVE		S SIGNATUI	RE NO G	25 FUNERAL DIRECTOR	0	ADDRESS 00
	CAL REGIST	33993+1-12	to 1	11/12 3 450	T. Ruck	5305 No	Ustand Ko

20. AUTOPSY (If in Baltimore City, give exact location) 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \boxtimes , homicide \square , undetermined \square . 23c. DATE SIGNED Feb. 24D. LOCATION (City, town, or county) ADDRESS 151

e RURAL and give

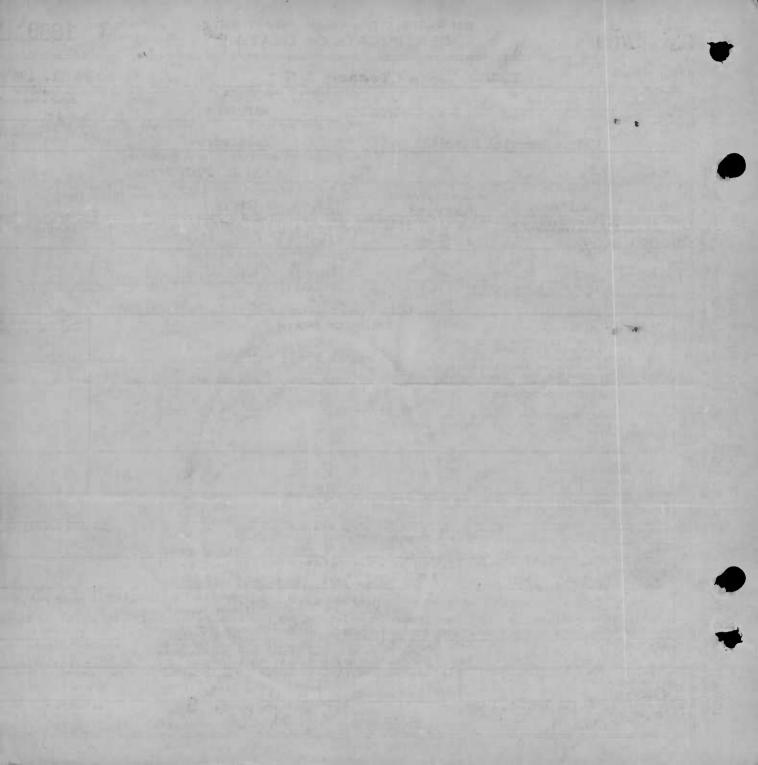
township)

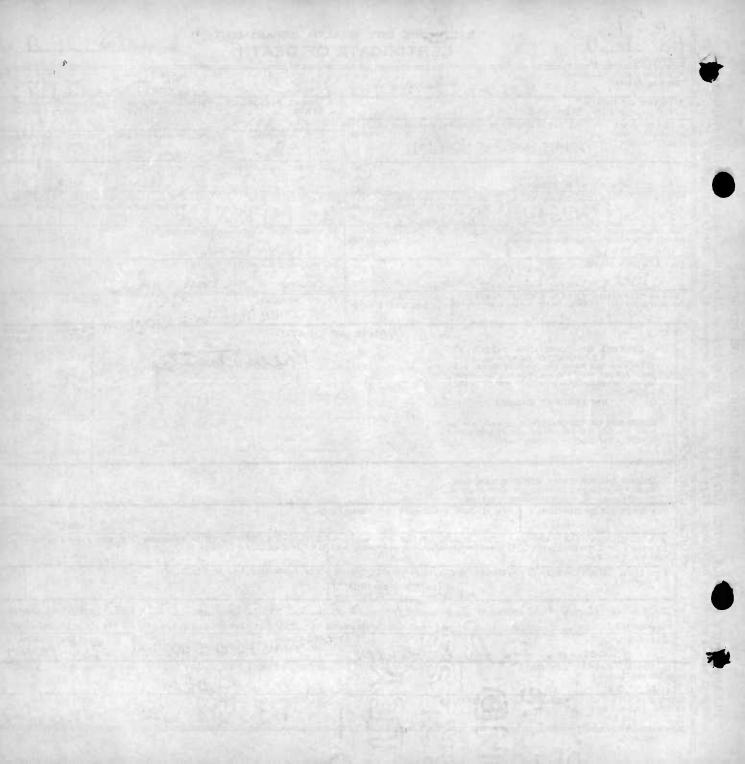
If Under 24 Hours

WHAT COUNTRY?

ONSET AND DEATH

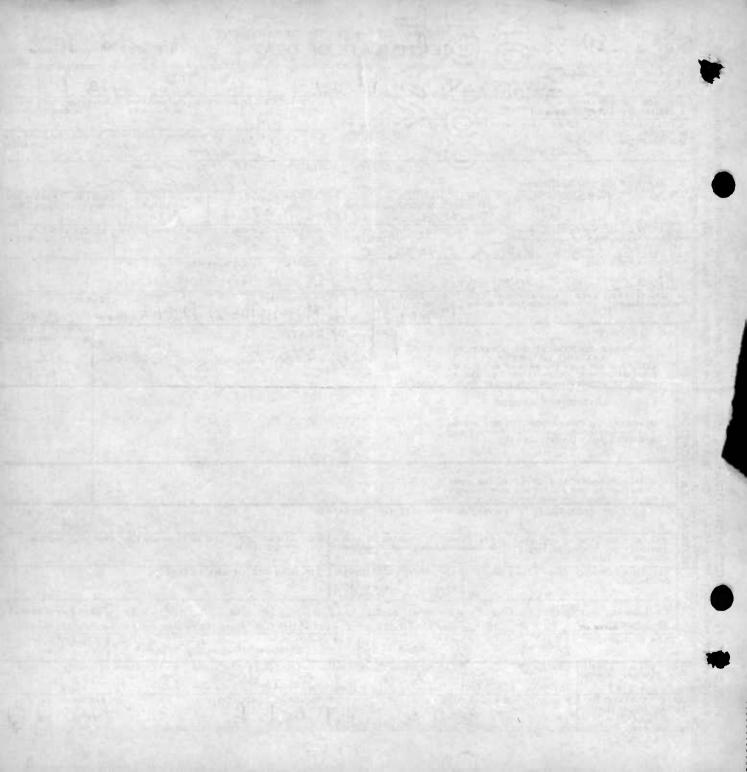
12. CITIZEN OF





B. FULL NAME of (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION **MOSPITAL OR INSTITUTION **	152				
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22. I hereby certify that I attended the deceased from 12, 195 to 1/2, 195 that I last a deceased alive on 12, 195 and that death occurred at 2:05 m., from the causes and on the date stated 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 10N. REMOVAL (Specify) 24B. DATE 24G. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Giv. town, or county) 21T-53 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Giv. town, or county) 25 FUNERAL DIRECTOR ADDRESS ADDRE	Z 21D. TIME (M	onth) (Day) (Year) (Hour) 21E. INJURY OCCURR. WHILE AT NOT WHILE	The second state of the second	Y OCCUR?	
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24A. BURIAL, CREMA- TION, REMOVAL (Specify) BUYLA DATE RECEIVED BY LOCAL REGISTRAR FR 1 3 1953 PARKWOOD CEMETERY OR CREMATORY 24D. LOCATION (Giv, town, or county) BUYLA DATE RECEIVED BY LOCAL REGISTRAR FR 1 3 1953 REGISTRAR'S SIGNATURE 25. FUNERA DIRECTOR ADDRESS S305 FATOR	23A. SIGNATU	Heorye L. alderman	23B. ADDRESS	ity Hos.	23c. DATE SIGNE
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAC DIRECTOR S305 ADDRESS LOCAL REGISTRAR 5305 FOR STATE OF STATE O	24A. BURIAL, CR TION, REMOVAL (Spe	EMA- 24B. DATE 24G NAME OF CEMETE	10	-	or county) (State
VS 150		BY REGISTRAR'S SIGNATURE			ADDRESS TOTAL RE
	VS 150	O THE THE PARTY OF	1		

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A53#	1613
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 3 1613

BIRTH NO.			CERTIFICAT	E OF DEAT	Н	registere		
1. NAME OF	DECEASED					2. DATE		
(Type or Print	J	DSEPH	AMBRO		(v)		bruary 1	
3. PLACE OF	City, Maryland			4. USUAL RESID	ENCE (W	here deceased lived. B. COUNTY		: residence ore admission
B. FULL NAM	E OF 'f not in hospit	al or institu	tion, give street address o	Mary	yland	Baltimo	ore	
HOSPITAL OF			location	C. CITT OR TOWN		outside corporate li	mits, write RU	JRAL and giv township
1013	St. Joseph's	s Hospi			dalk			
			Yrs. Mos.			rural, give location)		
c. Length of	stay in Baltimore	7 CINCL	Days E. MARRIED.	8. DATE OF BIRTI		aneway	If Under 1 Year	I If Under 24 Hours
Male	White	Sin	VED, DIVORCED (Specify	Mar 18 193	7	last birthday)	Months Days	Hours Min.
10A. USUAL C	OCCUPATION (Give kind of set of working life, even if retired)	108. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE		oreign country)	12. CITIZ	ZEN OF T COUNTRY
		School	ol Boy	Baltimor				
13. FATHER'S		homoadd		14. MOTHER'S MA	AIDEN NA	AME		
	August Am		.1	Verna				
15. WAS DECEA	SED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No.				Mrs Verna	Ambros	etti 3206 M	McShane	Way
18. E 8	22,4		CAUSE	OF DEATH				VAL BETWEE
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	OF OPERATION 1		FINDINGS OF OPE	RATION	4		20.7	AUTOPSY?
AL AL	20						YES	
U 21A. EXTE	RNAL CAUSE WAS	218, PL	ACE OF INJURY (e. g., farm, factory, street, office bldg.	in or 21c. WHERE Detc.) INJURY OCCU		f in Baltimore City	, give exact	location)
O DING L	CAUSE OF DEATH.	1 5	Street	Edison :	Highwa	ay and Clif	tmont Av	venue
Z 21D. TIME OF INJUR	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURF					
Feb.	10, 1953 9:00	P.m.	WHILE AT NOT WHILE	x Driver	of aut	to which st	ruck pol	Le
22. I cer	22. I certify that I took charge of the remains described above, held an Autopsy thereon and from							
the e	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square .							
23A. 51GA	Illian Ula	OUT		ASSISTANT MI	EDICAL I	OR	Feb. 11	1, 1953
24A. BURIAL. TION, REMOVAL	(Specify)		C. NAME OF CEMETI		24D. LC			(State)
Buria		, 1953	Sacred He			Baltimore,		- 46
DATE RECEIV	STRAR	SIGNATI	3 and Dist	Ullrich fün	6.4	ione 2008 0:	addres	

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See ketter in Document file from Dr. Wm. V. Lovitt, Jr., Asst Medical Examiner

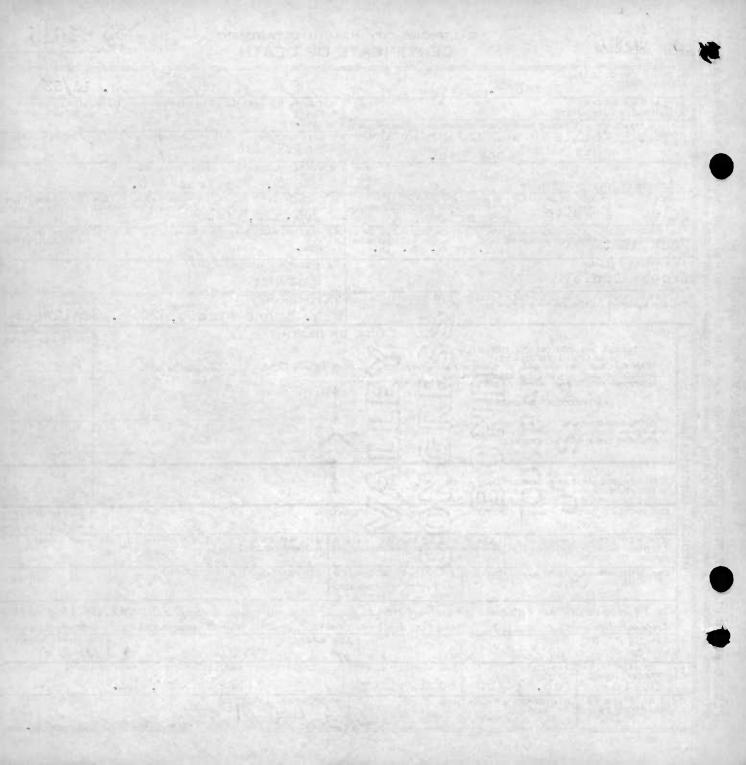
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	3 16: IRTH NO.	15		EALTH DEPARTMENT E OF DEATH	53 1615 Registered No.
	NAME OF Dint)		P. Streib		of Feb. 11/53
Α.	PLACE OF E	City, Maryland		A. STATE	nere deceased lived. If institution: residence B. COUNTY before admission)
He In	OSPITAL OR	Nellie Hood 5313 Edmond	al or institution, give street address or Nursing Homeocation)	c. CITY OR TOWN (If or Baltimore	outside corporate finits, write RURAL and give township)
c.	Length of	tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If re	
	sex ale	6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	9. AGE (In years If Under 1 Year If Under 24 Hours Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	B. & O. R. R.	11. BIRTHPLACE (State or fore	eign country) 12. CITIZEN OF WHAT COUNTRY?
	FATHER'S			14. MOTHER'S MAIDEN NAM	ME
-	ecob St			Unknown	
		ED EVER IN U.S. ARMEI (If yes, give war or date		Mrs. Irene Stre	eib, 436 S. Smallwood
RTIFICATION	DISEASE RISE TO 1 UNDERL	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, III HE ABOVE CAUSE (A) (ING CONDITION LA	FANY, GIVING STATING THE DUE TO ST. (C)	Zame Pa	
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MEDIC		PENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF INJURY (e. g., i shout home, farm, factory, atreet, office bldg.,	n or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, give exact location)
-	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		occur?
	22. I herel deceased a 23A. \$1GNA	live on //		rred at Z: 2 m., from the	, 1933, that I last saw the e causes and on the date stated above.

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A	3	5 3 6 1017 RTH NO.	1		BA			EALTH DEPA		Regist	53 ered No_	1617
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e ca legibly	1	Length of s			LIFE	5	Yrs. Mos. Days	D. STREET ADE	PORMA			13
uld by		M	6. COLOR OF			E, MARRIED, VED, DIVORC	ED (Specify)	JULY 1	7, 1898	53		Days Hours Min.
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(DING) information should be of death clearly and l	13	JOHN	ANDE	RSO	N		1ni	14. MOTHER'S	LA E			
BINDING of inform uses of dea	15 (Ye	NO OF UNKNOWN)	D EVER IN U. (If you, give w	rar or dates	FORCES? of service)	16. SOCIA SECUR 216-03-	ITY NO.	17. INFORMANT		rson-I6	ADDR	mal Avenue
GIN RESERVED FOR BIN DING INK. Every item of ans: please write the causes	FICATION	(This does heart failu injury or DISEASES	E OR CONDITION OF THE ABOVE CANTING CONDITION OF THE ABOVE CAN	O DEAT e mode of c. It mean which ca T CAUS IONS, IF JSE (A)	H dying, e. no the disease aused death	(B) (B)	RE	SPIRA TON		***************************************		ONSET AND DEATH 30 MIN. 1 DA 9
MARGIN R UNFADING Physicians: p	CERTI	TRIBUTING	IGNIFICANT TO THE DEAT SEASE OR CO	CONDIT	NOT RELATE	ŁD .						
ы.	CAL		F OPERATIO	7		FINDINGS			F DID (If	in Baltimore	City give	20. AUTOPSY7 YES NO exact location)
impol	MEDI	LYING OF CAUSE OF 21D, TIME (OF INJURY	R CONTRIBU DEATH (Month) (Day	TING (Year)	(Hour)	21E. INJURY	OCCURR	ED 21F. HOW I	CUR?	OCCUR?	oly, give	exact location)
V TE PLA.		23A. SIGNA	us un	K.,	ended the , 1963, Yalau	and that de	M. D.	38. ADDRESS	Koghtal	causes and	d on the d	nat I last saw th late stated above 3C. DATE SIGNED
PLEASE correct ag	D	4A. BURIAL. (SON, REMOVAL (SON BUTIAL) ATE RECEIVE OCAL REGIST	Fel REGI	DATE D.I4,1	1953	Holy Re	deemer	Cemetery 25. Funeral 1 29. Pt	Belair	Rd.Bal	lto:Md.	DRESS

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BALTIMORE CITY HEALTH DEPARTMENT

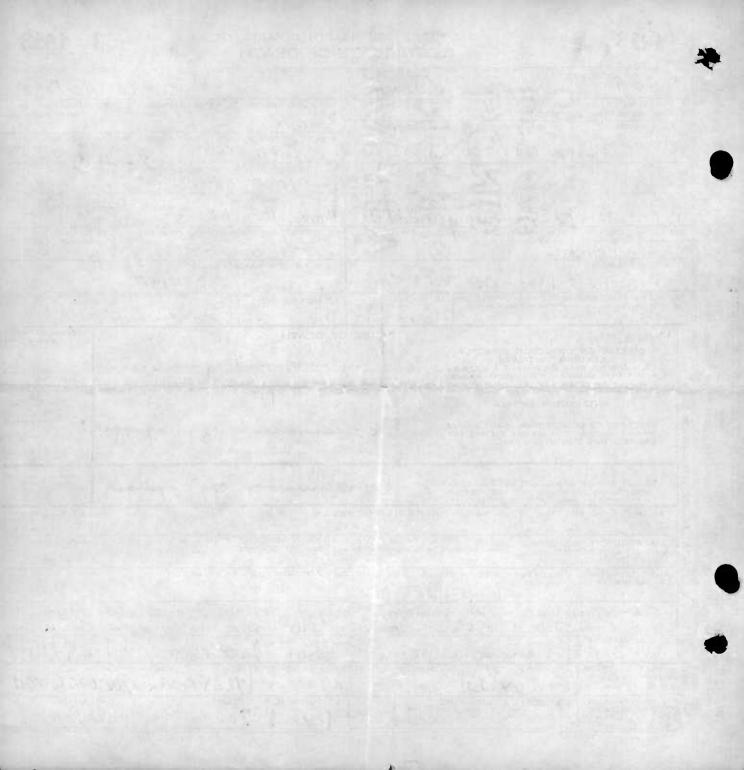
Registered No.3 1618

4	BIRTH NO.	E OF DEATH	2008200104 210	
	Type or Print) JOHN L. MULLANE	y	2. DATE OF FeB-	11 1953
	3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (WE A. STATE	here deceased lived. If ins B. COUNTY	titution : residence before admission
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CIIY OR TOWN (If o	outside corporate linits, v	URAL and six
	HOSPITAL OR NSTITUTION 3211 FAIT AUE	BALTIMORE-	60	township
III I come	Yrs. Mos. Length of stay in Baltimore Days	3211 FAIT	Ave	
	MALE While WIDOWED (Specify)	MARCh-10-1875	last birthday) Month	let 1 Year If Under 24 Hours Min
M.C	OA. USUAL OCCUPATION (Give kind of rich done during most of working life, even if retired) CARCTAKER INDUSTRY	11. BIRTHPLACE (State or for BALTO - M	. /	WHAT COUNTRY
	JOHN L-MULLANCY	14. MOTHER'S MAIDEN NAI		
0	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service) (16. SOCIAL SECURITY NO 218-14-6918	17. INFORMANT MRS Feehley		RESS AVE
2	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)	of DEATH prearding Dry irralized ar	Sunction	INTERVAL BETWEE ONSET AND DEAT
OIT A	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	resource of	Signou	
I I				
THAT	OTHER SIGNIFICANT CONDITIONS CON.	enone of	Signicia	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
4				YES NO
AFDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in about home, farm, factory, etreet, office bldg., e	n or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	e exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended the deceased from deceased alive on 34 1, 1952, and that death occur	wedge 10 1951, to	FCB- 11, 1953 t	that I last saw th
	23A. SIGNATURE 2	3B. ADDRESS	e causes and on the	23c. DATE SIGNED
	Z.a. Flangen Jr. M.O.	3501 tait (aus I	2-12-53
T	13 URIAL CREMA- 10N, REMOVAL (Specify) 13 URIAL FEBIY-13 OAKLAWN	EMETERY 1225	CATION (City, town, or	County) (State)

25. FUNERAL DIRECTOR

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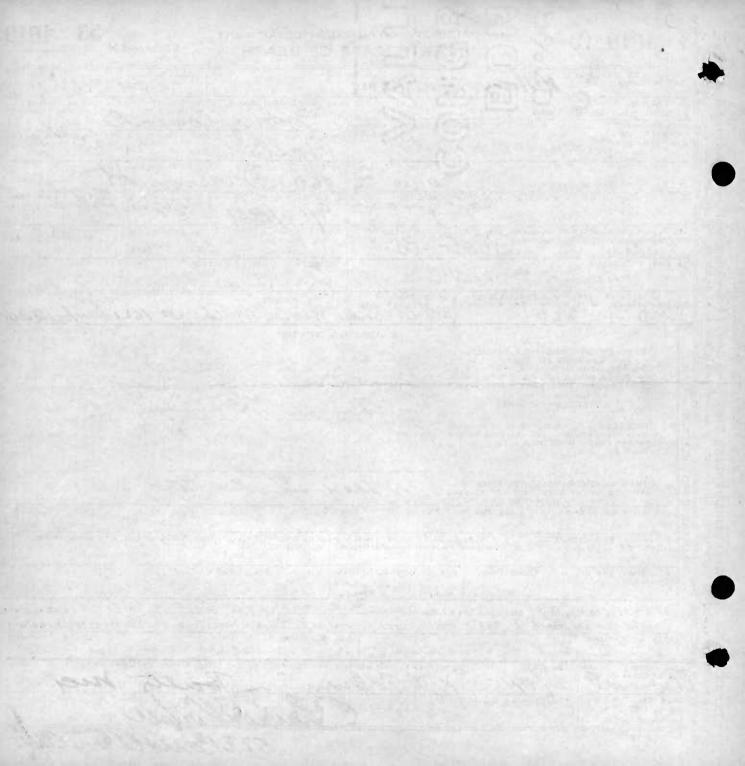
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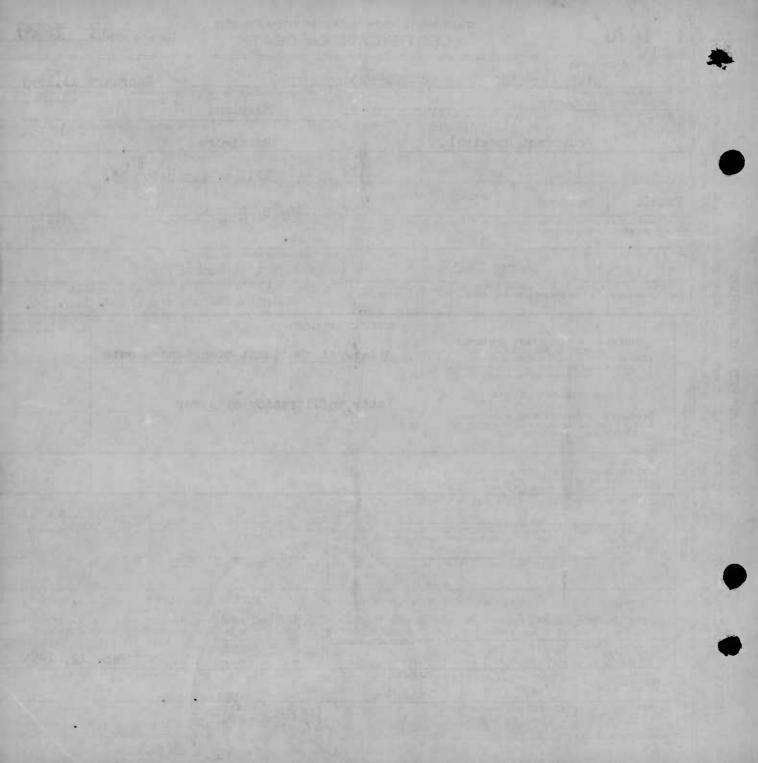
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF (ATMAX STRAITEN DEATH February 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland "f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RCRA'L and give INSTITUTION Provident Hospital **Baltimore** Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Lexington St. Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (in years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Colored Female 50 10/25/02 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY! 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Hall Angel Lenken 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Osbor ne Straiten 1212 W. Lex. St. no none INTERVAL BETWEEN 81.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bilateral confluent bronchopneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Fatty infiltration of liver RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING | CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the cyclence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and feath in my opinion resulted from: natural causes \mathbf{T} , accident \mathbf{T} , suicide \mathbf{T} , homicide \mathbf{T} , undetermined \mathbf{T} . 238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Burial Mt Auburn 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

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LOCAL REGISTRAR

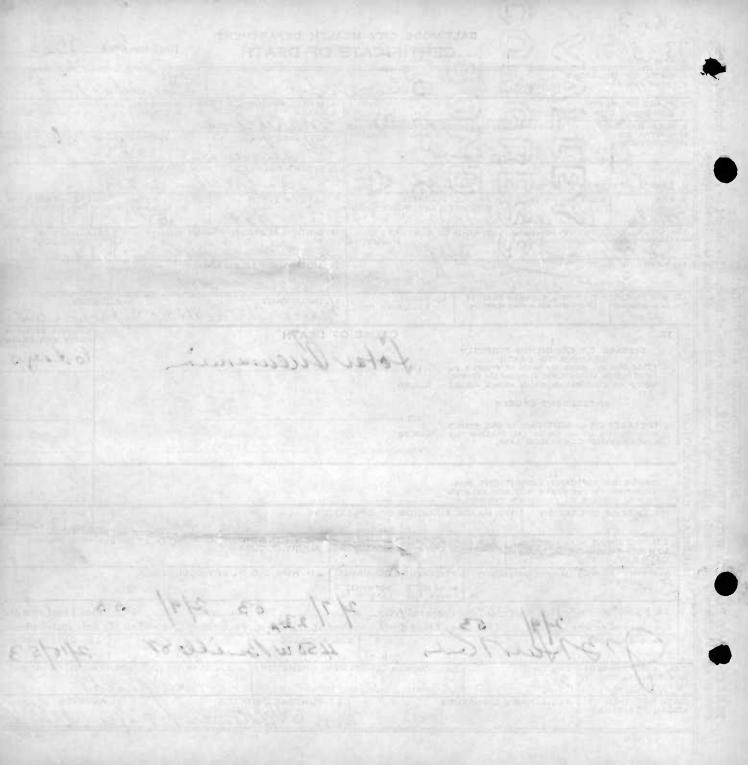


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La	35	BALTIMORE CITY HE CERTIFICATE	. 73	
d.	1. (T	NAME OF DECEASED James Edeva	rda 2. DATE OF 2/10/5-3	
supplied.		. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admis	
lly	H	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION OCLUMN OCLUMN OCLUMN OCLUMN OCLUMN OCLUMN OCLUMN OCLUMN OCCUMN OCCUMN	C. CITY OR TOWN (If outside corporate Haits, write LUIAL and town	
legibly.	y	Yrs. Mos.	D. STREET ADDRESS (If rural, give leation)	
be of	-	Length of stay in Baltimore Days SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under 17 House 24 last birthday) Months; Days Hours;	
rly a	10	male Colored Married DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. DIRTHPLACE (State or foreign country) 12. CITIZEN OF	
on sl	worl	k done Juring most of working life, even if retired) Self INDUSTRY	South Carolina WHAT COUNTY	TRY?
matie	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	/
information should be sof death clearly and	15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 16. SOCIAL	17. INFORMANT ADDRESS	_
of i	-	no.	MASIC Halker-502- Brchards OF DEATH INTERVAL BETV	WEEN.
y item of i		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND D	EATH
	50	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Meumen oasy	//
1	-7	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES		
INK. please	TION	DISEASES OR CONDITIONS, IF ANY, GIVING		
NG s: p	CAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
UNFADING Physicians:	ERTIFICA	11		
UNF	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		••••••
H	AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPS	
LY, WITH important.	IEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., et		
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	ED 21F. HOW DID INJURY OCCUR?	
PLA		22. I hereby certify that I attended the deceased from	17/ 19530 2/9/ , 195 that I last sau	v the
TTE PI s especi		deceased alive on 29, 1953, and that death occur	red at 2 32 m., from the causes and on the date stated at	bove.
		23 A. SIGNATURE HOLLS M.D. 2:	38. ADDRESS Buille 87 230. DATE SIGN	3
SE it ag		4A. BURTAL, CREMA. 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) / (St	tate)
PLEASE correct age		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS AND ADDRESS A	2.

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C A A	BIRTH NO.

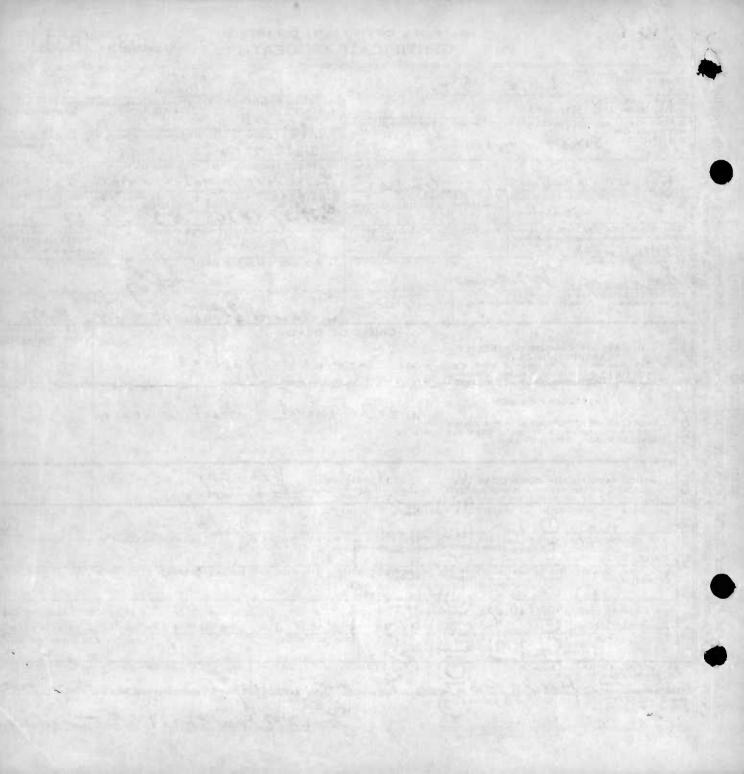
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1622

Dand Martin 1902 Enter place

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED Lillie Straus	2. DATE OF DEATH 2-/2-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of	[] Opening a control opening a
HOSPITAL OR INSTITUTION Sinai Hospital	(if outside corporate intits, write RORAL and giv
	Dallingte
c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (1n years in Under 1 Year Months: Days Months:
10A. USUAL OCCUPATION (Give kind of work does during most of working blo, even if retired)	11. BIRTHPLACE (State or foreign country) R. I +
Hovse Work	14. MOTHER'S MAIDEN NAME
Solomon Maria	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dece of service) SECURITY NO	17. INFORMANT ADDRESS
(10s, no or unknown) (11 yes, give war or defee of service) SECURITY NO.	A CO. T. ST. S. C. ADDRESS
18. 1 1 2 0 . 0 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	OF DEATH
	rdiac failure
heart failure, asthema, etc. It means the disease,	alac Tallore
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	ioscleratic Heart disease
O DISEASES OR CONDITIONS, IF ANY, GIVING	TOSCIEVATIC TEAT ZISESSE
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	화 경영 시간 시간 사람들이 가는 것이 없는 것이 없었다.
<u>0</u> (c)	
OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT,	tic Bronchitis
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
	2 - 2 , 1953, to 2 - 1/ , 1953, that I last saw th
deceased alive on 2-11 1933 and that death occu	erred at 7 2.m., from the causes and on the date stated above
	23B. ADDRESS 23c. DATE SIGNED
yanul thible	Sinai Hospital 2-12-53
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 240. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Grenation -16/6/53 Jeen	& Luman Tremmountare ma
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1823

a a	BIRTH NO. 167594						
d. 7		NAME OF D	Norma Sm	ith	2. DATE 0F 2-10-1953		
Every item of information should be causes of death clearly and legiony.	B. HC	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) 4940 Eastern Avenue Yrs. Mos. Days C. Length of stay in Baltimore 20 years					
	C.						
		SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		der I Year If Under 24 Hours hs Days Hours Min.	
	10 werk	A. USUAL OC done during most of	CUPATION (Give kind of f working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) West Virginia	2. CITIZEN OF WHAT COUNTRY?	
	13	when	Luyman		14. MOTHER'S MAIDEN NAME Margaret Webster		
f info	15 (Yes	. WAS DECEASE s, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	B. C. H. 4940 Eastern Ave. (1	record)	
-		(This does heart failu injury or	E OR CONDITION LEADING TO DEA' not mean the mode or, asthenia, etc. It mea complication which of	DIRECTLY TH of dying, e. g., uns the disease, caused death.) DUE TO	of DEATH reulous Meningitis	INTERVAL BETWEEN ONSET AND DEATH	
UNFADING INK. Physicians: please	AL CERTIFICATION	DISEASES	OR CONDITIONS, I HE ABOVE CAUSE (A) 'ING CONDITION LA	(B)	culous Peritonitis		
UNFADING Physicians:		TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED			
H		19A. DATE C	F OPERATION 1	198. MAJOR FINDINGS OF OPER		YES NO	
Y, WITE important.	MEDICAL		ENT WAS UNDER CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,		e exact location)	
	4	OF INJURY	(Month) (Day) (Year)) (Hour) 21E. INJURY OCCURR MHILE AT NOT WHILE WORK AT WORK			
TE PLA especially		22. I hereby certify that I attended the deceased from 2-8- deceased alive on 2-10 - , 19 53, and that death occurred at 7 p. m., from the causes and on the date stated above.					
ge Is	-	23A. SIGNA	47 Anles	M. D.	4940 Eastern Avenue	2/11/53 (State)	
	TI	ON REMOVAL (S	pecify) 2/14/	153 mt. auch	m Balto, md.		
PLEAS		ATE RECEIVE		'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS	

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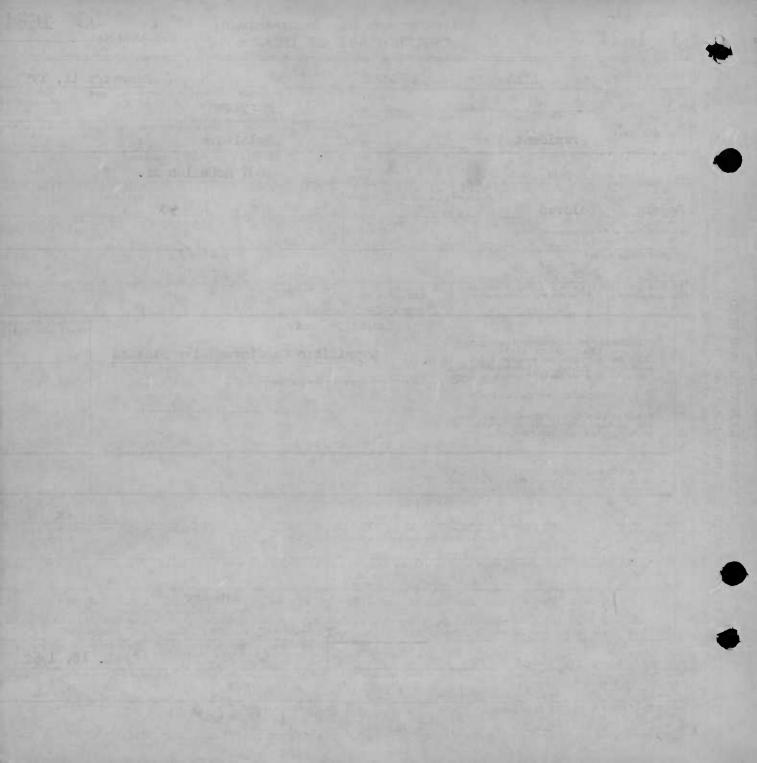
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	20	A LINE
- 4	BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1824 Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) DEATHFebruary 11, 1953 LULA NORWOOD 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) A. STATE A. Baltimore City, Maryland Maryland 'f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporated in its, write HURAL and give INSTITUTION Provident Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1607 McCulloh St. c. Length of stay in Baltimore Days 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) tf Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours Min. 4-16-04 Female Colored WIdory 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY tousewif 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or detes of service) SECURITY NO INTERVAL BETWEEN 18. 02 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Syphilitic Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 山 TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE especially AT WORK WORK autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes N, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B, CHIEF MEDICAL EXAMINER □ | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR. 248 DATE 24A. BURIAL. CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



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(5) B	53 1625 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No						
1. (T	NAME OF D Type or Print)	ECEASED MARY	ELIZABE	TH PLATT FAIRE	BANK	of Feb. 1	1, 1953
B.		City, Maryland		ion, give street address or location)	A. USUAL RESIDENCE (VA. STATE Maryland C. CITY OR TOWN (If Baltimore	Where deceased lived. If ins B. COUNTY NONE	stitution: residence before admission) with RURAL and give township)
c. Length of stay in Baltimore life Yrs. Mos. Days					D. STREET ADDRESS (If rural, give location) 234 Laurens St.		
fomolo winite WIDO			wido		8. DATE OF BIRTH Jan. 8, 1867	9. AGE (In years last birthday) Month	der 1 Year H Under 24 Hours has Days Hours Min.
1C worl	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Baltimore, Md. 12. CITIZEN OF U. WHAT COUNTRY?		
	13. FATHER'S NAME Thomas M. Platt				Jennie Henderson Canavan		
15 (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.			Mrs. Jennie P. Rennie 234 Laurens St.			
	(This does heart failu	SE OR CONDITION LEADING TO DEAT not mean the mode or er, asthenia, etc. It mea complication which o	TH f dying, e. g ns the diseas	. (1) Douth	My oeardiles		interval between onset and death 3wals.
CERTIFICATION	DISEASES	ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) TING CONDITION LA	F ANY, GIVIN	(B)	profession ensplan	400n ?	
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
_	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Chouse, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or long) 21c. WHERE DID (If in Baltimore City, give elements of the bout home, farm, factory, street, office bldg., etc.)					e exact location)	
2	OF INJURY WHILE AT NO			WORK AT WORK	ILE		
	22. I hereby certify that I attended the deceased from 1953 to 70, 1953 that I last sa deceased alive on 1953, and that death occurred at 17 m., from the causes and on the date stated a						
2	21. SIGNAT	CREMA- 24B. DATE	Fort	м. р.	38. ADDRESS 1118 St. Paul St RY OR CREMATORY 24D. L	t.	2 - 13 - 53
TIC	ON. REMOVAL (S	pecify)					

Burial 2 - 13 - 53REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

Baltimore, Greenmount Md. Inc.-1900 Eutaw Place

John O. Mitchell

332	3

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1626 Registered No.

В	IRTH NO.	= OI BEATTI			
	NAME OF DECEASED (Sype or Print) ARTHUR STOCKETT	2	OF Feb.	11, 1953	
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)			
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) STITUTION	C. CITY OR TOWN (If outside corporate limits, write RULL and give			
	2706 Roslyn Ave.	Baltimore /5 5 (township)			
	Yrs.	o. STREET ADDRESS (If rural, give location)			
	Length of stay in Baltimore Mos. Days	2706 Roslyn Ave.			
	ale white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Mar. 21, 1876		Under 1 Year If Under 24 Hours this Days Hours Min.	
WOL	DA. USUAL OCCUPATION (Give kind of the local transfer of the local	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?	
	alesman Candy self employed	Maryland			
	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	ohn W. Stockett 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Monterey Jones			
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY, NO.	Miss E. E. Stockett-2706 Roslyn Ave.			
z	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH long- Coronary thron did-vasculor in in Salussis-Hy	disease	Shaut	
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	1			
CERTIFI	TRIBUTING TO THE DEATH, BUT NOT RELATED				
١	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?	
EDICAL					
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?				
	22. I hereby certify that I attended the deceased from 11 1951, to 7th/1 , 1952, that				
	deccased alive on 19 and that death occurred at 1 m., from the causes and on the ad				
	23A. SIGNATURE ALLES WORLD AND BLY 23C. DATE SIGNATURE ALLES ALLES AND BLY 12/3/5				
2	IA. BURIAL, CREMA- N, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (City, town, or county)				
Burial 2/114/53 Lorraine Cem. Woodlawn, Md.					
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR 1 3 105 1 Tuntur for 1 Tuntur	25 PUNERAL DIRECTOR	r + San	ADDRESS	
	VS 150		Bath	17, Mrd.	

MARGIN RESERVED FOR BINDING	E PLAI. , WITH UNFADING INK. Every item of information should !	: please write the c
MARGIN	TH UNFADIN	it. Physicians
	E PLAI	especially importar

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PS 15%	1

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1627

Registered No.

BIRTH NO.						100-
d. T	1. (T	NAME OF DECEASED Type or Print)	ELMIRA CARTER MOOI	RE	2. DATE OF DEATH	eb. 12, 1953
supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospite	al or institution, give street address or	4. USUAL RESIDENCE (WA. STATE		institution: residence abefore admission)
y.	H	OSPITAL OR NSTITUTION 4205 Maine	location)	c. CITY OR TOWN (If Baltimore	outside corporate limit	rite RURAL and give township)
car	C	Length of stay in Baltimore	Yrs. Mos. Days	b. STREET ADDRESS (If a		
ld be		SEX 6. COLOR OR RACE female white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 4, 1869	9. AGE (In years last hirthday) Mo	I Under 1 Year on this Days Hours Min.
on should clearly ar	1 C	DA. USUAL OCCUPATION (Give kind of k done during most of working life, oven if rotired) housewife		11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
information of death cl	13	William Carter	a o nome	14. MOTHER'S MAIDEN NA	AME	
of inforuses of d	15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Edwin H. Mo		DDRESS Maine Ave.
Every item write the cau	TIFICATION	DISEASE OR CONDITION I LEADING TO DEAT (This does not mean the mode or heart failure, asthenia, etc. It mean injury or complication which or ANTECEDENT CAUS	DIRECTLY H dying, e. g., as the disease, aused death.) DUE TO Vas	eno School when Designe	- Cardio	INTERVAL BETWEEN ONSET AND DEATH
UNFADING INK. Physicians: please		DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE DUE TO ST. (C)	ronay Jhan	ulai,	3377 .
UNFA	CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT IT TO THE DISEASE OR CONDITION	NOT RELATED	lying arters	- Schmin	. 5 m.
H	CAL	ome.	98. MAJOR FINDINGS OF OPER			YES NO
, WITH	MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	2 or 21c. WHERE DID (Inte.) INJURY OCCUR?	f in Baltimore City, a	give exact location)
Ally in		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK				
E PLA1 especially		22. I hereby certify that I attended the deceased from 6 - 3 - 1950, to 7 lb. 12, 1953, that I last saw the deceased alive on 7 lb. 11, 1953, and that death occurred at 10 ft. m., from the causes and on the date stated above.				
A		23A. SIGNATURE	M.D.	4108 fibert 18	· c	23c. DATE SIGNED
ASE ct ag	710 TI	AA. BURIAL, CREMA- ON REMOVAL (Specify) Removal 2/16/5	Bordentown C	em., Borg	dentown, N.	
PLEAS correct		ATE RECEIVED BY REGISTRAR'S	SSIGNATURE	25 FUNERAL DIRECTOR	kner 4	ADDRESS

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RESERVED

Sacto 17, Mrd.

with the Audio and Inpos

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

ADDRESS ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) . 1953 to 12 Feb , 1953 that I last saw the 23c. DATE SIGNED 24b. LOCATION (City, town, or county) Baltimore. Md. 25 FUNERAL DIRECTO ADDRESS

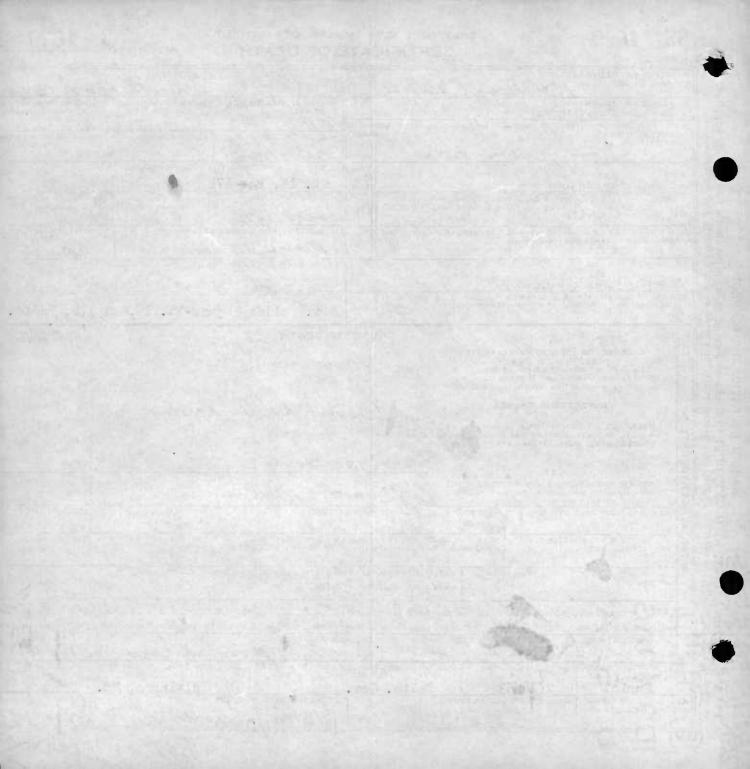
before admission)

If Under 1 Year

12. CITIZEN OF

WA

WHAT COUNTR'



BALTIMORE CITY HEALTH DEPARTMENT

C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EALTH DEPARTMENT E OF DEATH	gistered 53 1630
d.	1. NAME OF DECEASED (Type or Print) MARGUERIETE E. CROO	KS 2. DATE OF DEAT.	Feb. 11. 1953
Ily supplied	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Haven Nursing Home 1515 Garrison Blvd.	4. USUAL RESIDENCE (Where decea. A. STATE B. C Md.	
y and legion	c. Length of stay in Baltimore To be stay in	b. STREET ADDRESS (If rural, give a second s	In years
VDING information should be ca s of death clearly and legi	10a. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) housewife 13. FATHER'S NAME Anthony DeFalco	11. BIRTHPLACE (State or foreign count	ry) 12. CITIZEN OF WHAT COUNTRY
R BINDING	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Mr. Gordon Crooks - Ste	address evenson, Md.
RESERVED FOR INK. Every item please write the car	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	OF DEATH /irus Pneumon; Chronic Myoca, Art. Sclerosis	
MARGIN I H UNFADING Physicians: 1	TO THE DISEASE OR CONDITION CAUSING IT.	RATION	20. AUTOPSY?
Y, WITH	Z1A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., LYING ☐ OR CONTRIBUTING ☐ about home, farm, factory, street, office bldg., CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltin etc.) INJURY OCCUR?	YES NO X
HA	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK		
PLEASE TTE PL.	24A. BURILL. CREMA: 24B. DATE 24C. NAME OF CEMETE Cremation 2/13/53 Green Mount	Pikeun b - MM. from the causes Pikeun b - Md ERY OR CREMATORY 24D. LOCATION Crem. Balto., Mo	(City, town, or county) (State)
PLI	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR FFR 1 31953 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jamby Dickner	ADDRESS
		Sall	017 ma.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1631

1. NAME OF DECEASED	2. DATE (N)
(Type or Print) EMMA LOUSI RISENLOHR	OF DEATH #124-11-1953
A. Baltimore City, Maryland 2 8 20 Cherchica A. STATE	RESIDENCE (Where deceased lived, If institution: residence before no assion)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION C. CITY OF	
2820 Presstman Street	Oatimose recenship)
c. Length of stay in Baltimore Left Yrs. Mos. Days	ADDRESS Harural, give log tion
5. SEX 6. COLOR OR RACE 7. SINGLY, MARRIED, WIDOWED, DIVORCED (Specify)	F BIRTH 9. AGE (In years fi Under 1 Year fi Under 24 Hours Months; Days Hours Min.
remaie will be	216-1164 89
10A. USUAL OCCUPATION (Give kind of work done during most of working life, every retired) 10B. KIND OF BUSINESS OR III. BIRTHE	PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Des yunger les	Pleine Beela.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MANT Bulle 28 20 real.
18. 490 X CAUSE OF DEAT	H INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	James 3 James
heart failure, asthenia, etc. It means the disease,	memore of for
finjury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20, AUTOPSY7 YES NO
	HERE DID (If in Baltimore City, give exact location) Y OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOOF INJURY OF INJURY OF WHILE AT WARK AT WARK	OW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Law 13	, 195 to Tet 1/ , 195 That I last saw the
deceased alive on Pet // . 1993 and that death occurred at //	30 m., from the causes and on the date stated above.
23A, SONATURE CALLED M. D. 23B. ADDRES	Tobleshow 25/2/53
124. BURIAL, CREMA- 24B. DATE HON, REMOVAL (Specify) 2/14/53 24C. NAME OF CEMETERY OR CHEM	ATORY 34D. LOCATION (City, townsor count) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	
LOCAL REGISTRAR	m. Julius Aporess
VS 150	m. Japaner Vagos

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N

I. INA				CEA	ISED
(Type	or l	Print			
(0 2			,		

WILLIAM R. SMITH

2. DATE OF DEATH

Feb. 11, 1953

Il Under I Year

3. PLACE OF DEATH: A. Baltimore City, Maryland

c. Length of stay in Baltimore

work done during most of working life, even if retired)

A. STATE Md.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)

(If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR INSTITUTION

c. CITY OR TOWN Baltimore

(If outside conporate limits, write RURAL and give

3527 Newland Rd.

Mos.

Yrs.

Davs

INDUSTRY

O. STREET ADDRESS (If rural, give location)

3527 Newland Rd.

9. AGE (In years)

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) single male white

10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 8. DATE OF BIRTH Mar. 28, 1883

last hirthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

clerk 13. FATHER'S NAME

information should be can of death clearly and legions

causes

Ever

INK.

UNFADING Physicians:

RESERVED

Railroad

Maryland

14. MOTHER'S MAIDEN NAME

John H. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown)

16. SOCIAL SECURITY NO. Emily R. Brown

17. INFORMANT

World War I 18. /

31 N. AFTONE Mr. George F. Smith -Harrisburg, CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

UREMIA

CARCINOMA OF RECTUM

48 HRS

3 YRS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

YR

OTHER SIGNIFICANT CONDITIONS CONTA TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

ROSTATIC HYPERTROPHY

LONGWOOD

CARCINOMATOSIS

20. AUTOPSY

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

DUE TO

21c. WHERE DID

INJURY OCCUR?

(If in Baltimore City, give exact location)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AVG 14, 1953, to FEB 11, 1953, that I last saw the deceased alive on FEB 11, 1953, and that death occurred at 1 a. m., from the causes and on the date stated above. 23A. SIGNATURE

24B, DATE

REGISTRAR'S SIGNATURE

23B. ADDRESS

24D. LOCATION (City, town, or county)

23c. DATE SIGNED

24A. BURIAL CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY

OF INJURY

2/13/53

21D. TIME (Month) (Day) (Year) (Hour)

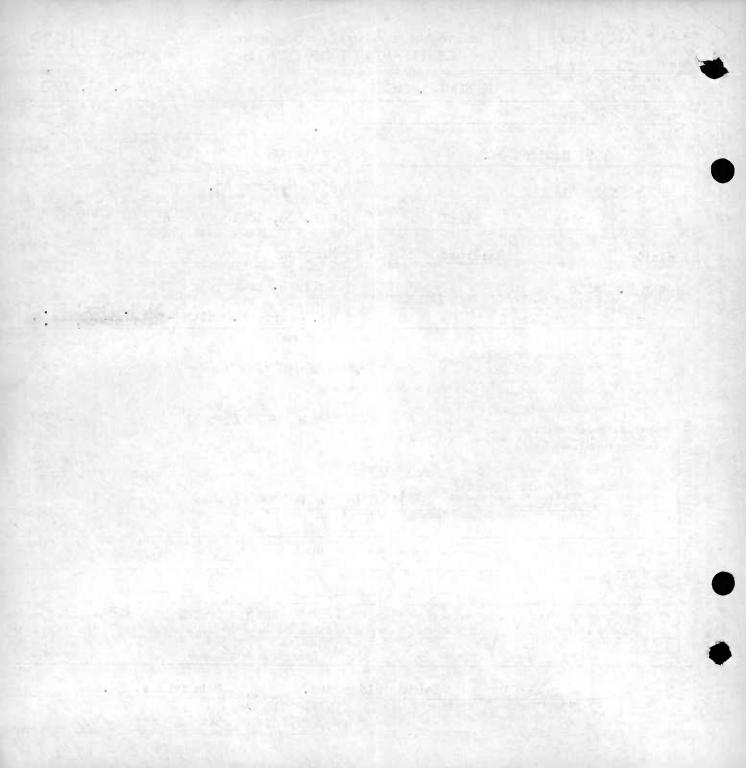
24c. NAME OF CEMETERY OR CREMATORY! Druid

Ridge Cem.

Pikesville, Md. FUNERAL DIRECTO ADDRESS

LOCAL REGISTRAR VS 150

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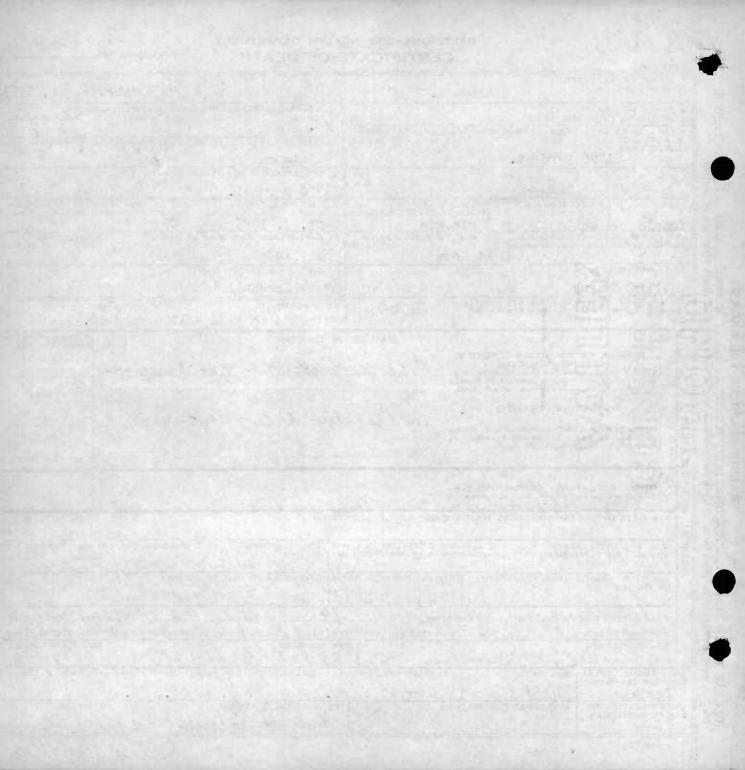
PLEASE

1	130	6
	53	1033
	BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1633

Registered No-1. NAME OF DECEASED 2. DATE (Type or Print) OF ELEANOR E. KIDD February 11, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate lingts. and give INSTITUTION 1726 Byrd St. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1726 Byrd St. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) Sept. 1, 1895 female white widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Spurry Mary Marshall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Miss Edith Kidd - 1726 Byrd St. INTERVAL BETWEEN 18. 420,0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Wennell obe Toast Diswor LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, Cuestiae Decomposition injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES NO L 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK 114 . 1953 to_ 2/11 . 19.33 that I last saw the 22. I hereby certify that I attended the deceased from____ deceased alive on 2/1/ 1925, and that death occurred at 21 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c, NAME of CEMETERY OR CREMATORY | 24d, LOCATION (City, town, or county) / (State) 2/16/53 Cedar Hill Cem. A. A. Co., Md. Burial DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE. LOCAL REGISTRAR



	5	Ji.	0 167507
1	BIRTH	NO.	
и		-	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 1934

I. NAME OF DECEASED (Type or Print) 2. DATE 2- 11 53 Trollie Lee Conner DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore City Hospital HOSPITAL OR C. CITY OR TOWN (If outside corporate limits w INSTITUTION township 4940 Eastern Ave Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 641 Portland St. c. Length of stay in Baltimore Days AGE (In years of Under 1 Year of Under 24 Hours of Months Days Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) Male Feb.15, 1908 Widower 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, eveo if retired) INDUSTRY WHAT COUNTRY? Day Laborer Cats Paw Rubber Heel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J.C. Conner Mary Senft. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unkoowo) | (If yes, give wer or dates of service) SECURITY NO. (Records) 4940Eastern Ave. B.C.H. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Uremia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Glomerulonephritis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) NOT WHILE! AT WORK 2-5-53 19_ 22. I hereby certify that I attended the deceased from _. that I last saw the 12.15 Prom the eauses and on the date stated above. deceased alive on 2.11.53 19 and that death occurred at_ 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave 2.11.53 24A. BURIAL, CREMA-TION, RENOVAL (Specify) 24c. NAME 24D. LOZATION (City, town, or county) ADDRESS UNEDAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1635

Bi	RIA NO.						
1. (T	NAME OF D				2. DATE		
-	PLACE OF D	Nathani	el Wilson	11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEATH Feb.		
A.	Baltimore C	ity, Maryland B	alto. City	4. USUAL RESIDENCE (W	B. COUNTY	If institution : resi before a	
В.	FULL NAME		al or institution, give street address or	Maryland	itv	ap.	
IN	OSPITAL OR		location)	c. CITY OR TOWN (If	outside corporate lim	its, write RURAL	and give
-5	153	6 North Wo	lfe Street	Baltimore	X	00	ownship)
			Yrs.	o. STREET ADDRESS (If	rural, give location)		
c.	Length of st	ay in Baltimore	25 Yrs. Mos. Days	1536 North	Wolfe Stre	eet	
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH		If Under 1 Year If Un Ionths Days Hou	dar 24 Hours
9	le	Col.	WIDOWED, DIVORCED (Specify)	9	-	Months Days Hou	rs: Min.
10	A. USUAL OC	CUPATION (Give kind of		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN)F
MOLP	k done during most o	f working life, even if retired)	INDUSTRY			WHAT CO	UNTRY
	DOTET	AME	In General	Suffolk Va.		U.S.A.	
		AIN E		14. MOTHER'S MAIDEN NA	AME		
1.50	L Was French	Inkown		Unkow	n		
(Ye	s, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
N	10		216-03-7994	Moselle Smal	1		
	18. 420	.0	CAUSE	OF DEATH		INTERVAL E	
	DISEAS	E OR CONDITION	DIRECTLY			ONSET AND	DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Atypical heavyice						2-5-	.53
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO						
	14.0			1 1 +	- () ((
_		ANTECEDENT CAUS	ES A	TEXIOSCIPIAL	of sea to	2002	
ó	DISEASES	OR CONDITIONS, IF	ANY, GIVING				••••••
F	UNDERLY	HE ABOVE CAUSE (A)	STATING THE OUE TO ST.			7-6	
Ω			(C)			***************************************	
RTIFIC	100	11			- /		
		GNIFICANT CONDI			1. 14		
빙	TO THE DI	TO THE OEATH, BUT SEASE OR CONDITION	CAUSING IT.		100010	9	************
	19A. DATE O	F OPERATION D 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTO	PSY7
CAL						YES	NO L
片		ENT WAS UNDER-	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (I	f in Baltimore City,	give exact locati	ion)
ED	CAUSE OF I	CONTRIBUTING		THE SHIP COOK!			
2.		Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
ч	OF INJURY		WHILE AT NOT WHILE				
m. WORK AT WORK					F		
						that I last	
All		ive on 2-7-	and that death occur		he causes and on		
А	23A, SIGNAT	URE		3B. ADDRESS	CD 8	23c. DATE	SIGNED
2	AA BURIAL C	REMA- 248. DIATE	M. O.	OV on CDTWATODY ST	Keras ()		(844)
V	A. BURIAL, C	pecify)	ZAC. NAME OF CEMETE	TOR CREMATORY 248. LO	OCATION City, tow	n, or county)	(State)
K	rund	12/14	1351 . mr	Charles II	1 my	no oru	
	ATE RECEIVED		SIGNATURE	25 FUNERAL DIRECTOR		ADDRESS	CLAID
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 1636

1. NAME OF DECEASED (Type or Print)	
Buckhanan Hayes DEATHFeb-7-19	
a. Baltimore City, Maryland Balto. City 4. USUAL RESIDENCE (Where deceased lived, If instituting a. STATE B. COUNTY b.	ion : pesidence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or Mary and	
HOSPITAL OR location c. CITY OR TOWN (If outside corporate limits, write in the location)	RURAL and give
1364 North Stricker Street Baltimore	township,
Yrs. D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore 11 Yrs. Days 1364 North Stricker Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years ii Under I Yes last birthday) Months! Da	
Male Col. Married May-6-1905 47	ays Hours Mill.
10A. USUAL OCCUPATION (Give kind of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WH	TIZEN OF
Steel Worker Steel Roxboro N.C. U.S	HAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Thomas Hayes Roberta Richmond	/
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	5
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 218-18-3457 Tinnie Hayes 1364 N. Stricker	
	ERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	SET AND DEATH
LEADING TO DEATH	
heart failure, asthenia, etc. It means the disease.	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	
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DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEASES OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LAISE OF CONTRIBUTING about home, ferm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from. WHILE AT WORK AT WOR	I last saw the stated above.
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PLEASE W RE PLA LY, WITH UNFADING INK. Every item of information should be cally supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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before admission)

township)

If Under 24 Hours

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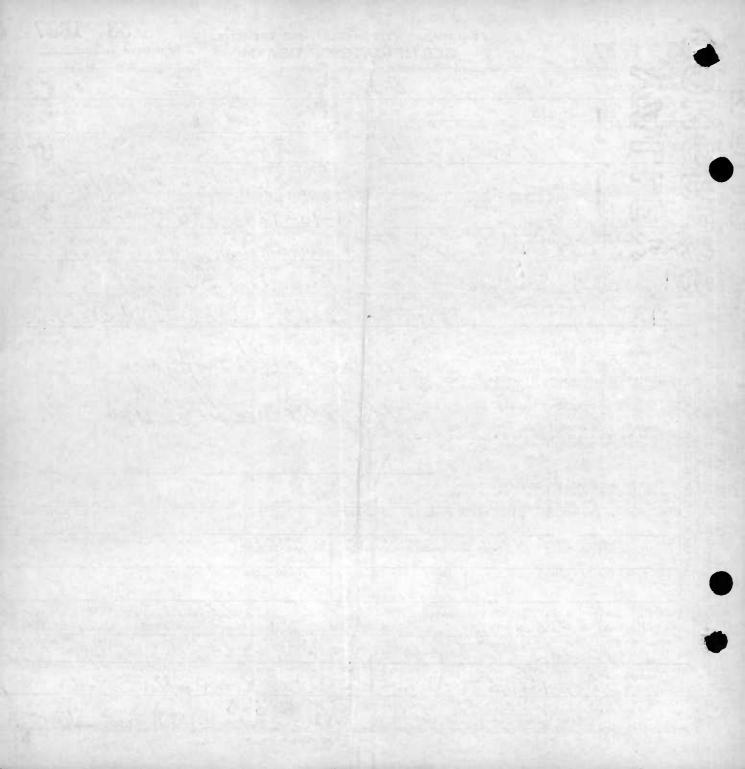
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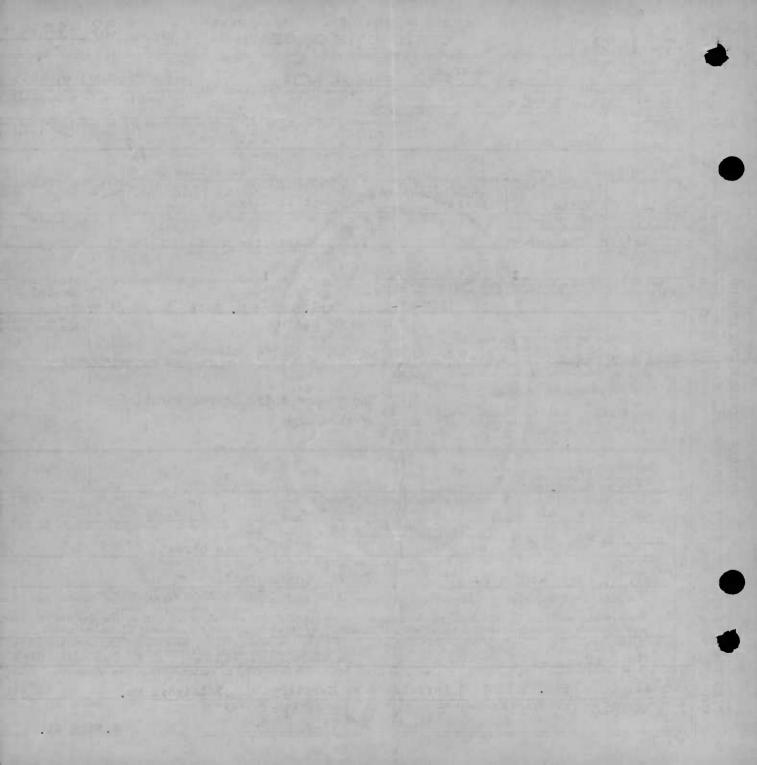
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20. AUTOPSYT

23C. DATE SIGNED

YES





20. AUTOPSYT YES U NO (If in Baltimore City, give exact location) , 19 23 that I last saw the , 19 5 3, and that death occurred at 11.25 Am., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS LOCAL REGISTRAR

before admission)

If Under 1 Year

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12. CITIZEN OF

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INTERVAL BETWEEN

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Hours: Min.

12. CITIZEN OF

WHAT COUNTE

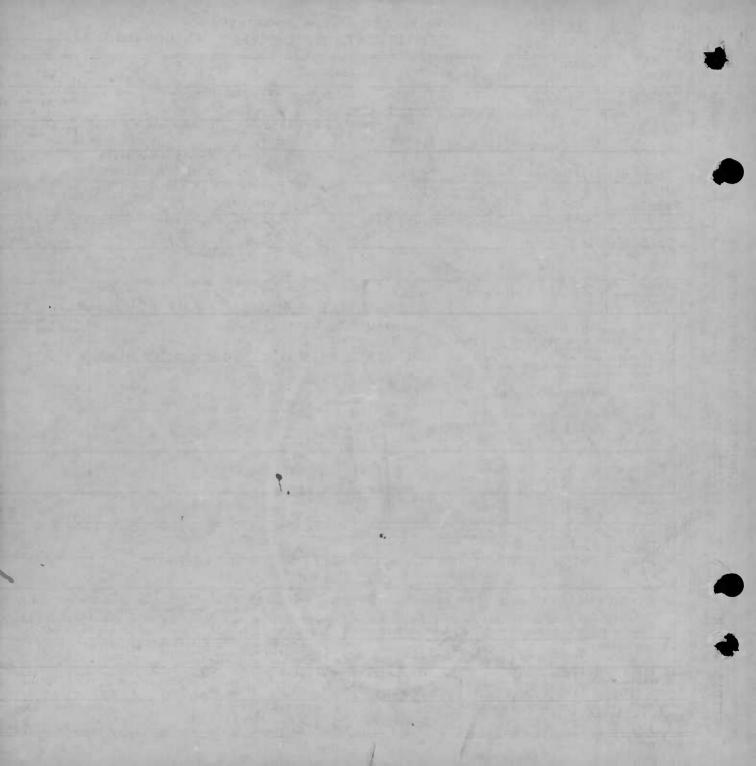
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BALTIMORE CITY HEALTH DEPARTMENT

Registered	No	1	G	1	177
Tan Broom Ca	2100		1	400	10 40

В	CERTIFICATI	E OF DEATH Registered No.	1691		
	NAME OF DECEASED 'ype or Print') LILLIAN HA	SSELL 2. DATE OF DEATH Feb. 10	0. 1953		
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti			
B. H(FULL NAME OF (f not in hospital or institution, give street address or OSPITAL OR location)	Maryland c. CITY OR TOWN (If outside corporate limits w	ite RURAL and give township)		
_	University Hospital Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)	township		
c.	Length of stay in Baltimore Days	859 W. Lexington Street			
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months	l Year If Under 24 Hours Days Hours Min.		
10 rorl	A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY		
13	FATHER'S NAME BUSHENING	14. MOTHER'S MAIDEN NAME			
15 Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	TINFORMANT ADDR. ADDR. Lesin	ess 14		
ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	osclerotic cardiovascular diseas	se .		
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?		
EDICA	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.				
ME	OF INJURY OF INJURY OF MAT WORK M. WHILE AT W				
	22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☒, suicide ☒, homicide ☒, undetermined ☒.				
			10, 1953		
	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETED 2	RY OR CREMATORY 249. LOCATION (City, town, or co			
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AD	DRESS 3214		



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CLTY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 9. acs (in years | | Under | Year | | Under 24 Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAI COUNTRY RE 13. FATHER'S NAME 1428 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. ne of unknown) (If yes, give war or dates uf service) 16. SOCIAL 1 NINFORMANT ADDRESS (Yes, pe of unknown) SECURITY NO. 022X 18. CAUSE OF INTERVAL BETWEEN DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B, PLACE OF INJURY (e. g., in or 21C. WHERE DID about home, farm factory, street, office bidg., etc. INJURY OCCUR? (If in Maltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK WORK 319 to 2-11-5319 that I last saw the 1-16-5 22. I hereby certify that Lattended the deceased from____ and that death occurred at 422 Pm., from the causes and on the date stated above. deceased alive on 2-11-539 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED TON, REMOVAL (Secify) 24C NAME OF CEMETERY OR CREMATORY 245 LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

township)

township)

11	1	400 53 1645		53 1645
		BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT ROLL ROLL ROLL ROLL ROLL ROLL ROLL ROL	egistered No
Ê		NAME OF DECEASED A	/ 2. DAT	
ed.	(T	(ype or Print) Clahence Hi	OF DEAT	TH TED.10, 1953
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland		ased lived. If institution: residence COUNTY before admission)
y su	H	FULL NAME OF (If not in hospital or institution, give street address Jocat Istitution		rpor te limit, write RURAL and give
ully ly.	0	7N. Bruce St.	Balto.	township)
e c legibl		Length of stay in Baltimore	rs. b. STREET ADDRESS (If rural, give	location
should be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WYDOWED, DIVORCED (Sp.	8. DATE OF BIRTH 9. AGE last bet 1	(In years Under Year Under 24 Hours If Under 24 Hours Min.
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NDING information s of death cle	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1. 7
orm	15	WAS DECEASED EVER IN S. S. ARMED FORCES? 16, SOCIAL	NO//18 Wash	ING LON
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e it o		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Polise. la	ONSE! AND DEATH
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MA UNF	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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X, WIT	IEDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, street, office because of Death		more City, give exact location)
	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCU		?
LA		m. WHILE AT NOT W		
E PL		22. I hereby certify that I attended the deceased from deceased alive on 1953 and that death of	195 to the	o, 1953, that I last saw the s and on the date stated above.
		23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED
E W	2/	4A. BURIAL, CREMA- 24B. PATE 24C. NAME OF CEM	ETERY OR CREMATORY 240 LOCATION	Lity, town, or county) (State)
ASE ct a	Ty	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEM	so Ya Felinsh	use Var
PLEASE correct a	D	ATERECENED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 322 M
F S		FEBT 31953 ++ + + 1 8 10 0	Mrs Katie R. Williams	Schooler Sti
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	fully supplied.	bly.
MANGIN RESERVED FOR BINDING	7, WITH UNFADING INK. Every item of information should be fully supplied. The	write the causes of death clearly and legi-
MANGIN NESE	UNFADING INK.	Physicians: please
	Y, WITH	portant.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1646 Registered No.

A. USUAL RESIDENCE (Where deceased lived. If institution, revelopter, Baltimore City, Maryland 8. FULL NAME OF (If not in hospital or institution, give street address or location) NOSPITAL OR SECURITY ON THE PRINCIPLE OF INSTITUTION 8. SEX (COLOR OR RACE T. SINGLE, MARRIED, WIDOWED, DIVORCED (Specially) NOSPITAL OCCUPATION (Give hielded towns) 100. USUAL OCCUPATION (Give hielded towns) 101. USUAL OCCUPATION (Give hielded towns) 102. WIND OF BUSINESS OR INDUSTRY 103. FATHER'S NAME NOSPITAL OCCUPATION (Give hielded towns) NOSPITAL OCCUPATION (Give hielded towns) 104. USUAL OCCUPATION (Give hielded towns) 105. WAS DICEASED EVER IN U.S. ARMED FORCES? (If rural, give position)) 105. WAS DICEASED EVER IN U.S. ARMED FORCES? (If your control towns) 105. WAS DICEASED EVER IN U.S. ARMED FORCES? (If your control towns) 106. WAS DICEASED EVER IN U.S. ARMED FORCES? (If your control towns) 107. WAS DICEASED OR CONDITION DIRECTLY Link does not mean the mode of drying, e. s., heart of the Anove Cause (a) stating the towns of the property of the caused death.) 108. WAS DICEASED OR CONDITION DIRECTLY LINK GIVEN AND OF THE ANOVE CAUSE (A) STATING THE UNDERSOLUTION OF THE ANOVE CAUSE (A) STATING THE UNDERSOLUTION OF THE ANOVE CAUSE (A) STATING THE UNDERSOLUTION CAUSENO IT. 107. THE SIGNIFICANT CONDITIONS, P. ANY, CUING THE UNDERSOLUTION OF THE ANOVE CAUSE (A) STATING THE UNDERSOLUTION CAUSENO IT. 107. THE DISEASE OR CONDITION CAUSENO IT. 108. AND THE ORD THE ANOVE CAUSE (A) STATING THE UNDERSOLUTION OF THE MIND THE UNDERSOLUTION CAUSE (A) STATING THE UNDERSOLUTION CAUSE (A) STATING THE UNDERSOLUTION CAUSE (A) STATING THE OUT THE ANOVE CAUSE (A) STATING THE UNDERSOLUTION CAUSE (A) STATING THE	1. NAME OF I (Type or Print)		Alice W. Dates		2. DATE OF DEATH Feb	11,1953	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 100-21	A. Baltimore	DEATH: City, Maryland		A. STATE	E (Where deceased lived, If		
C. Length of stay in Baltimore Day S. SEX G. COLOR OR RACE OLOR OF REASE G. COLOR OR RACE OLOR OF REASE OLOR OLOR OF REASE OLOR OF REASE OLOR OLOR OLOR OLOR OLOR OLOR OLOR OLOR OLOR	HOSPITAL OR		location	C. CITY OR TOWN	(If outside corpdrage limit	A	
S. SEX OCOLOR OR RACE 7. SINGLE MARRIED WIDOWED DIVORCED (Specify) WIDOWED	c. Length of	stav in Raltimore	Mos.	D. STREET ADDRESS			
10. SUNAL OCCUPATION (Give hisded or of chose dring most of working life, even if retired) 10. SUNDSTRY 10. SUNT Considerable (Give hisded) 10. SUNDSTRY 11. SURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY WHAT COUNTRY WHAT COUNTRY 13. AATERIA SUNDERS AND 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT HOME Records 822 N. Garrollton A. 18. L. J.	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	**	9. AGE (in years)	Under 1 Year If Under 24 Hours	
13. FATHER'S NAME Melson Woolford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. THOM RECORDS 822 M. Garrollton A. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASE OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH OF DEATH OF THE DUT NOT RELATED TO THE OFFICE OF DEATH 21. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in or 21C, WHERE DID INJURY OCCUR?) LANGE OF DEATH 21. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in or 21C, WHERE DID INJURY OCCUR?) ABOUT THE WHILE AT A WORK AT W	FOrk done during most	of working life, even if retired)	108. KIND OF BUSINESS OR		e or foreign country)	WHAT COUNTRY	
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TION, REMOVAL (Specify)	21	ones W. H	laris M.D.	1824 W. Fran	ıklin St.	23c. DATE SIGNED 2-12-53	
Burial 2-14-53 Mt. Auburn Cem Baltimore, Md	O. A. DILDIA	CREMA- 248. DATE	24C, NAME OF CEMETE	RY OR CREMATORY 24	4D. LOCATION (City, town,	or county) (State)	

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BALTIMORE CITY HEALTH DEPARTMENT

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· H	BALTIMORE CITY HE CERTIFICATION	EALTH DEPARTMENT	3 1647
T .be	1. NAME OF DECEASED (Type or Print) Nellie Hill	2. DATE. OF DEATH	10,1953
ppli	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY	
lly s	B. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 2109 McCulloh St.		nits, write RURAI and giv township
legno	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)	
= 10	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Widowed Widowed	8. DATE OF BIRTH 9. AGE (in years)	If Under 1 Year Months Days Hours Min
on she	10A. USUAL OCCUPATION (Give kind of ork dooseduring most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY
NG rmati death	Ieven Pollock	14. MOTHER'S MAIDEN NAME Jane ?	
R BINDING	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or ucknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Mr. Hartley Smith 2109	ADDRESS McCulloh St
DIN	(c)	ronie Myocarditis ronie Nephritis afetro Mellitus	//-/14.53
MA UNF Physi	OTHER SIGNIFICANT CONDITIONS CON-		
-	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER		YES NO
TE PL LY, s especially impo	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 2-9-, 1951, and that death occur 23A. SIGNATURE - M. Accurrence M. D.	ind.) INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?	54 that I last saw th the date stated above 23c. DATE SIGNED 2-12-53
EA	nurial 2-14-53 Wt. Calvery		ADDRESS 5/8 W. ACADEL ST
=	Saya 18h Charles of the Control of t	The second of th	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO

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information should be

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UNFADING Physicians: pl

RTIFICATION

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1.	NAN	AF C	OF D	ECEAS	FD
(T	ype o	r Pr	int)		

Margaret Davey

2. DATE OF

DEATH Feb 4. USUAL RESIDENCE (Where deceased lived, If institution: residence

3	PLACE	OF	DEATH	
	Raltime			

Baltimore City, Maryland 2211 Harford Ave

before admission)

townshin)

If Under 24 Hours

(If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR

Maryland C. CITY OR TOWN

B. COUNTY (If outside corporate fimits, write RURAL and give

Registered No.

Baltimore

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore 6. COLOR OR RACE

10A. USUAL OCCUPATION (Give kind of

60 Years 7. SINGLE, MARRIED 2211 Harford Ave

5. SEX Female

White

8. DATE OF BIRTH WIDOWED, DIVORCED (Specify)

Yrs.

Mos.

INDUSTRY

Days

9. AGE (In years)

last birthday) Months! Days Hours! Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

work done during most of working life, even if retired) At Home

Home

10B. KIND OF BUSINESS OR

Treland 14. MOTHER'S MAIDEN NAME WHAT COUNTRY?

13. FATHER'S NAME

Cryan

17. INFORMANT

Porter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

ADDRESS

If Under 1 Year

Wrs Schuerick 2211 Harford Ave

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

des desafficilis,

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19ADATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY (If in Baltimore City, give exact location)

ADDRESS

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21B. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

21F, HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from-

WHILE AT WORK

NOT WHILE! AT WORK

1953 that I last saw the m., from the causes and on the date stated above.

deceased alive on 2 234. SIGNATURE

21D. TIME (Month) (Day) (Year) (Hour)

, 1953, and that death occurred at 1.10 23B. ADDRESS

23c DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

24A BURIAL, CREMA-TION, REMOVAL (Specify) Burial Teb 14,1953

Holy Redeemer

Baltimore 25. FUNERAL DIRECTOR

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Rita Wiedefeld 900 E. Riddle St

Vs 150

上一种多种种类型。这种类型的工作,可以则是类似的

1649 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify last birthday) Months; Days Hours; Min. Jumes Hadowe IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ione during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s edg. Contractor 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. HOPKINS HOSPITAL INTERVAL BETWEEN y item the cau CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO COSCULOR OF RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians ī ERTIF UNE OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK WORK 1-28 1953, to 2-11 . 1953, that I last saw the 22. Thereby certify that I attended the deceased from_ 2. 19 3. and that death occurred at 605 pm., from the causes and on the date stated above. deceased dive on_ 2BA, SIGNATURE 238. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY State) PLEASE DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

CENTREME DE DESTRUME CENTREME

BALTIMORE CITY HEALTH DEPARTMENT 1850 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH ully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 28 43 A. STATE B-GOUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give INSTITUTION al Trome (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Steel Days information should be of death clearly and l 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Kours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) IOA. USUAL OCCUPATION (Givekind of 10B. KIND BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) COUNTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ma 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or punknown) (If yes, give-war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or paranown) SECURITY NO. Every item 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: UNF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B, PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! AT WORK 1953, to Fel- 13, 1953, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on [13, 1952, and that death occurred at 5,30 Am., from the eauses and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA. 24B. DATE 24D. LOCATION (City, town, or county) TION_REMOVAL (Specify DDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

PLEASE W TE PLA Y, WITH correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

ARTA

B	1651 IRTH NO.	CERTIFICAT	E OF DEAT	H ¹	Registered N	3 1631
1.	NAME OF DECEASED Spe or Print)	e f. Se	llere	DE.	ATH Jels	12 1953
A	PLACE OF DEATH: Baltimore City, Maryland / 400 Wr. FULL NAME OF (If not in hospital or institu	Lefingtows	4. USUAL RESIDI	Parela	ccased lived. If in	stitution: residence before admission
	OSPITAL OR Aged Some	is location)	C. CITY OR TOWN		corporate lin lits	write RORAL and gi township
	agea Mens	Yrs. Mos.	o. STREET ADDRE	SS (If rural, gi	ve location)	nore.
	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	efing		nder 1 Year If Under 24 Hou
-	Semale White Mile	NED, DIVORCED (Specify)	Dev. 27 18	62 / last	birthday) Mon	ths Days Hours Mir
WOL	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	state or foreign co		2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MA	. /	2	PP.
1! (Ye	b. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or unknown) (If yes, give war or detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	L. W.R.	AD.	DRESS
	(-1.55-, gave wat of dates of service)	SECURITY NO.	1400 st. L	erlina	town	Street
	18. 422,1 and E903,0 DISEASE OR CONDITION DIRECTLY	A 44	OF DEATH			INTERVAL BETWEE
	(This does not mean the mode of dving, e.	e (A)	77 1	ditio. Mr.	mi.	244
	heart failure, asthenia, etc. It means the disea injury or complication which caused deat	se.	0			
7	ANTECEDENT CAUSES	n. On	terisclente	Canales.	Vuscular 10	
OF OF	DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T	NG (B)				<i></i>
ICA	UNDERLYING CONDITION LAST.	(C)Als	nility (E)	RUFICATION A	PHOUSE 8	2.4
CERTIF	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	to Viain	wat His	Man 4	ball.	Frouls
AL O	A SECTION OF THE PROPERTY OF T	FINDINGS OF OPER	RATION	M. Com		20. AUTOPSY?
EDIC	LYING OR CONTRIBUTING about bome	ACE OF INJURY (e. g., i	etc.) INJURY OCCU	B?	ltimore City, gi	ve exact location)
Σ	210. TIME (Month) (Day) (Year) (Hour)	Relative Humbury 21E. INJURY OCCURR		INJURY OCCU		4 4 2
	OF INJURY Dec 31 1952pm.	WHILE AT NOT WHILE AT WORK	g sligh	ed free vi	ating hon	ne relatine
	22. I hereby certify that I attended the		an , 1907			that I last saw th
	deceased alive on FC611, 1983,		rred at 11. m., 238. ADDRESS	from the caus	ses and on the	23c. DATE SIGNED
	Mewland towar	M. O.	4-8-33	-		Feb. 13 (953
T1	AA. BURIAL, CREMA- 248. DATE ON, REMOVAL (Specify)	24c. NAME OF CEMETE	RY'er GREMATORY	Parks		r county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE !!	25. FUNERAL DIR			ADDRESS)
L	OCAL REGISTRAR Juntingfort	ingualista last	at o Pon	200	12.5	00 00

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Vs 1,53 1933

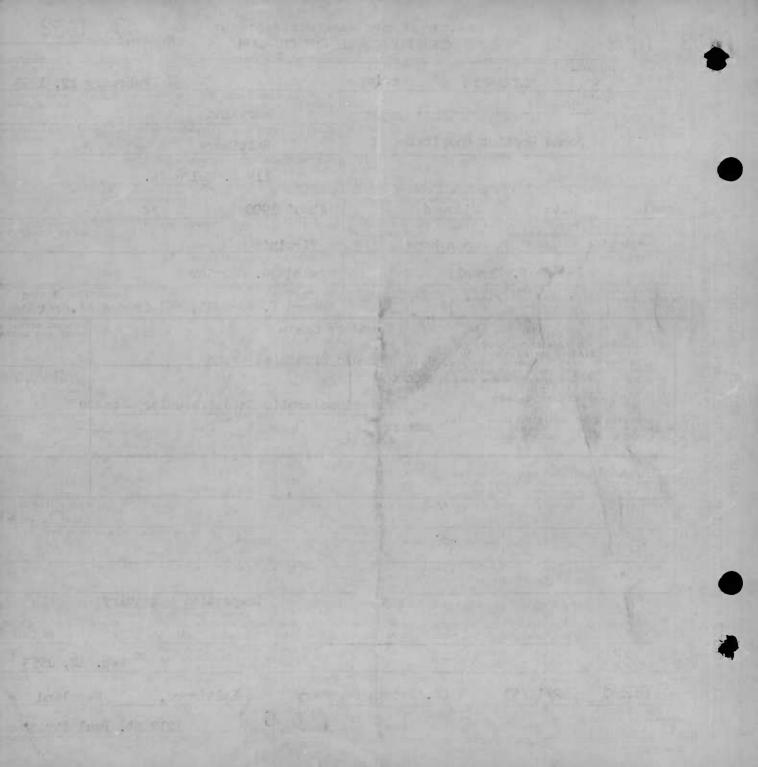
PLEASE W

K-5	\$ 1652 BIRTH NS.
	1. NAME OF DEC

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No. 1652

BIRTH NO.							
1. NAME OF (Type or Print)		ZABETH	KIRBY			2. DATE OF DEATH Febr	ruary 12, 1953
3. PLACE OF A. Baltimore	DEATH: City, Maryland			A. STATE			If institution: residence before admission)
B. FULL NAME	OF C'i not in hospit	al or institut	ion, give street address or	Mar	yland		
HOSPITAL OR INSTITUTION		dae He	location)	C. CITY OR TOWN			nits write RURAL and give
3,72	Johns Hopk	стиз но	•		.timore		
			Yrs. Mos.	D. STREET ADDRI			
	stay in Baltimore		Days			lfe St.	
Female	6. COLOR OR RACE	7. SINGLI WIDOW Wid	E, MARRIED, VED, DIVORCED (Specify) OWED	About 1900		9. AGE (In years last birthday) 52	Months Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of	10B. KIND		11. BIRTHPLACE	State or fore	eign country)	12. CITIZEN OF
house	t of working life, even if retired)	OW	n home	Virginia			WHAT COUNTRY
13. FATHER'S				14. MOTHER'S MA	IDEN NAM	1E	
	Joseph H.	Hansel	1	Amanda C.	Carrie	r	
15. WAS DECEA	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS Havre
Yes, no or naknown	(If yes, give war or date	of service)	SECURITY NO.		lansell	. 561 Gree	ene St.deGrace
(This do heart fai	ASE OR CONDITION LEADING TO DEA' es not mean the mode of lure, asthenia, etc. It mea r complication which of	TH of dying, e. : ins the diseas	chroni	of DEATH	asthma		INTERVAL BETWEEN ONSET AND DEATH
RISE TO UNDERL	ES OR CONDITIONS, II THE ABOVE CAUSE (A) LYING CONDITION LA	STATING TH	(C) Obesit	osclerotic C			
TRIBUTING TO THE	IG TO THE DEATH, BUT DISEASE OR CONDITION					· • • • • • • • • • • • • • • • • • • •	
11	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
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2 1D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	D 21F. HOW DID	INJURY	OCCUR?	
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			St. Peters Ce		Balti	more,	Maryland
LOCAL REGIS	TDAD	SIGNATU	Midus) 19	Wm. Govh	ector Ine	1217 St.	Paul Street
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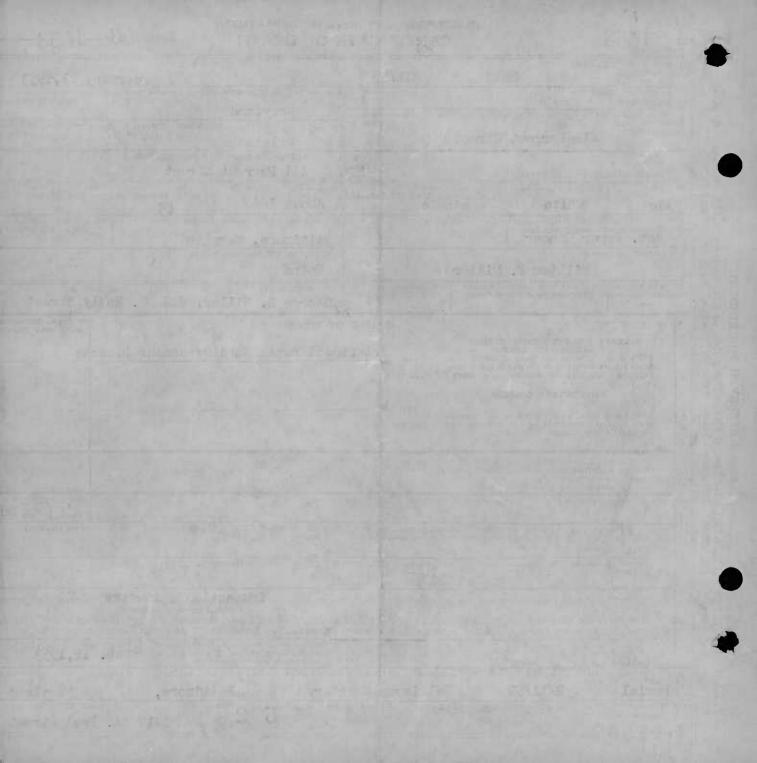
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1050

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### PULL NAME OF HOSPITAL OF TROST in hospital or institution, give street address or location) #### All Forrest Street ### All Forrest Street C. Longth of stay in Baltimore		DEATH:				ENCE (Where deceased lived.	If institution: residence
Northern All Forrest Street Color of Stay in Baltimore			al or institut	tion, give street address or		und	B. COUNTY	before admission
ALL FOTTest Street Yr. Mos. STREET ADDRESS (If rural, give-exection)	HOSPITAL OR			location)			f outside corporate lin	
Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. White 8 ingle 8 in Baltimore 10A USUAL OCCUPATION (Gir-kinded) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARRED FORCES) 16. SCOIAL 17. INFORMANT 18. WILLIAM 18. WAS DECEASED EVER IN U. S. ARRED FORCES) 18. WE IN U. S. ARRED FORCES 18. WE IN U. S. ARRED FORCES 18. WILLIAM 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WHAT COUNT IN COUNTRY 19. WAS DECEASED EVER IN U. S. ARRED FORCES 19. WHAT COUNTRY 19.	Marrianon	411 Forrest	Street		Baltim	ore	5	townsh
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18. WAS DECEASED EVER IN U.S. ARMED FORCES? (17. SECURITY NO. SECURITY NO. 17. INFORMANT George H. Miller, 842 Mt. Holly Street 18. ## 221 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) STATING THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT OF THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT OF THE DISEASE	3. FATHER'S		150 50			IDEN N	AME	
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23a, Stenature 23b. Chief Medical Examiner	the ev	idence obtained by	said Aut	opsy. Inspection or 1	nguiry, find that	Autopsy, $said d$	Inspection or Inquir eceased died on	y the day stated abo
24A. BURIAL, CREMA- Z4B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Sta			XX	M	238. CHIEF ME ASSISTANT MI .D. MEDICAL INV	EDICAL EDICAL ESTIGAT	EXAMINER	23c. DATE SIGNED 23c. 12,1953
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		2/14/53	FILE	Baltimore Cem	etery	Bal	timore.	Marylan

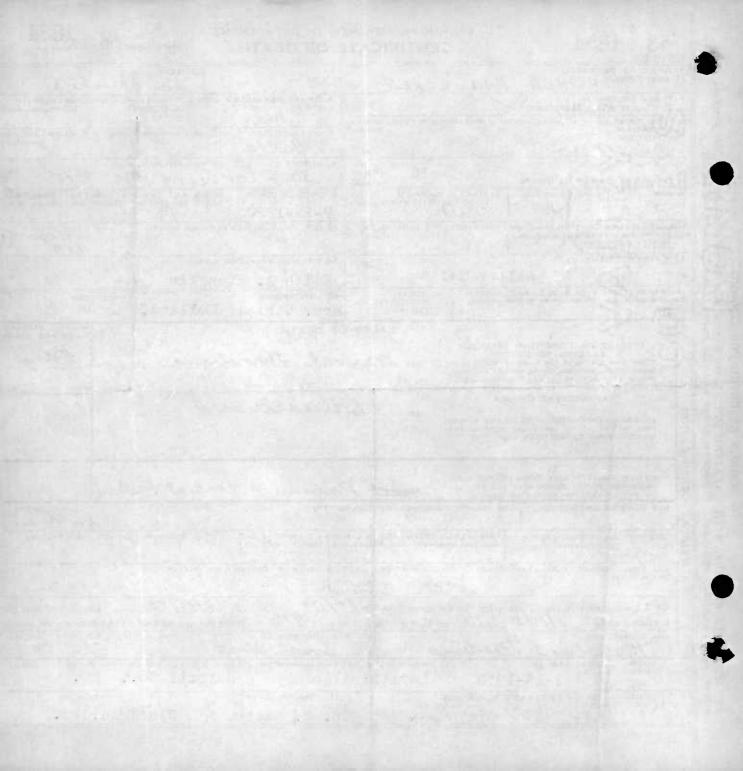
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	B. PLACE OF D. Baltimore (City, Maryland 💆			4. USUAL RESIDI		ere deceased lived B. COUNTY		ution: residence before admission
. 1	S. FULL NAME HOSPITAL OR NSTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		(If ou	itside corporate i	mits, vri	to RURAL and give township
1	Length of s	tay in Baltimore		10 Yrs.	D. STREET ADDRE	ESS (If ru	ral, give location)		#15
11	F. SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify)	7-22-1880		9. AGE (In years last birthday)	Months	Days Hours Min.
Zenega 	Housew:		10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or fore	ign country)	10.	CITIZEN OF WHAT COUNTRY
death	3. FATHER'S N	Programme and the second	ter S	ellman	14. MOTHER'S MA				
- 1	5. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	1 16. SOCIAL	Edith A.	Frank	lin	45555	
causes o	no or unknown)	(If yes, give war or date	of service)	security No.	Mrs. Carro	oll Ho	lland,	Same	
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland , before admission) A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF ully a HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOW INSTITUTION JOHNS HOPKINS HOSPITAL legibly. Yrs. D. STREET ADDRESS (M rural, give location) Mos. c. Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGF (In years) If linder 1 Year If Under 24 Hours should bearly and MDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF ENSINESS OR (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY information s s of death cle 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year to or unknown) (If yes, give way or dates of service) 16. SOCIAL SECURITY NO. JOHNS HOPKINS HOSPIT INTERVAL BETWEEN 1B. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK . 1953 that I last saw the 1953 to 22. I hereby certify that I attended the deceased from. deccased alive on 2-13 19 53, and that death occurred at 12 m., from the causes and on the date stated above. 23A. SIGNATORI 23B. ADDRESS 23c. DATE SIGNED HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 72081

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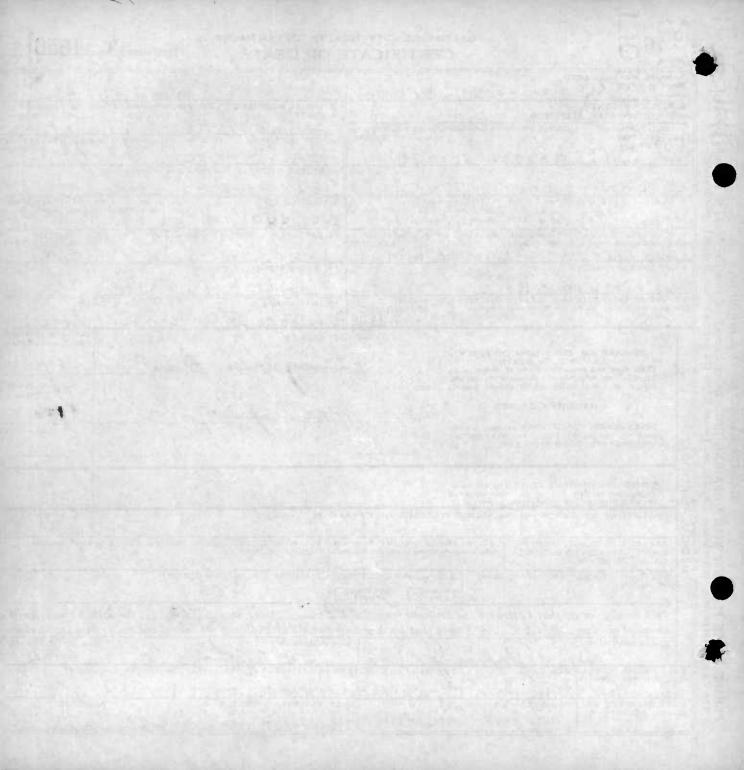
BALTIMORE CITY HEALTH DEPARTMENT

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В	RTH NO.	IE OF DEATH	Registered No. 1 1770
1.	NAME OF DECEASED_		2. DATE
(2	ype or Print) Roy Patterson Schrops	ire	DEATH 2-12:-1953
	PLACE OF DEATH:	4. USUAL RESIDENCE (W)	nere deceased lived. If institution : residence
11	Baltimore City, Maryland	A. STATE	B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address SPITAL OR locatio		outside corporate limits, write RURAL and give
11	ISTITUTION 1/09 All.	Dali	township)
100	1628 Abbott Street	12914 17110	
	Yrs Mos	I have Alli	ural, give location)
	Length of stay in Baltimore 21VYS. Day	1 1628 Abbot	
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH	9. AGE (In years If Under Year If Under 24 Hours last birthday) Months; Days Hours Min.
	Male Colored married	8-5-1889	53
	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	
1	hauffeur Camp Holibird		orcia U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	
1	alist Salvanastinas	· 7	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		terson
(Ye	s, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
-	710 1218-09-836	11 Lizabeth Pati	terson 1628 Abbott St.
	18. 420./ CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	2	A.)
	(This does not mean the mode of dying, e.g., (A)	ormany Carlie	Diserce 14.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		/ we to flat
	ANTECEDENT		
7	ANTECEDENT CAUSES	Withel Junpoine	12
O	DISEASES OR CONDITIONS, IF ANY, GIVING		
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
10	(C)	***************************************	
RTIFICATION			
E	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED		
l H	TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	RATION	20, AUTOPSY?
1 X			YES NO
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g	, in or 21c. WHERE DID (If	in Baltimore City, give exact location)
	CAUSE OF DEATH	INSURT OCCURT	
2	210. TIME (Month) (Day) (Year) (Hour) 21E. !NJURY OCCUF	RED 21F. HOW DID INJURY	OCCUR?
	OF INJURY WHILE AT NOT WHI		
	m. WORK L. AT WOR	10/10	2/10
	22. I hereby certify that I attended the deceased from	, 195/, to	, 1953, that I last saw the
			causes and on the date stated above.
	23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED
-	Has, V Julian V M.D.	511 /1 / Ochis	440 81- 1 2713/53
2. TI	AA. BURIAL CHEMA 24B. DATE 244 NAME OF CEME	ERY OR CREMATORY 240. LO	CATION (City, town, or county) (State)
	Burial 2-16-1953 Mt. Calvar	(Cemetery Am	re Arundel Co. Tild.
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
1	DCAL REGISTRAR	13/ 1/1/4/1/	

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-	3 1857
1	BIRTH NO.

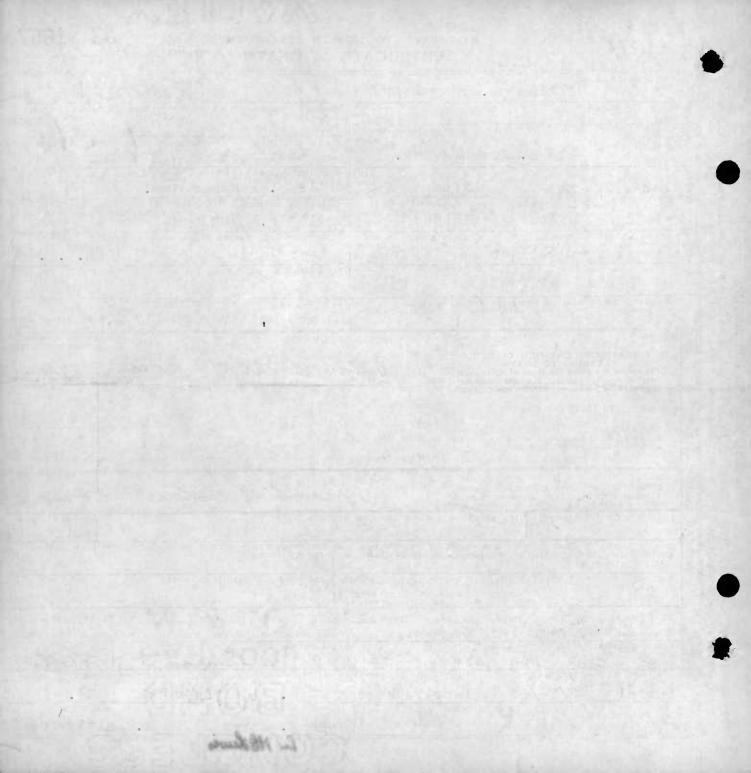
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1657.
Registered No.

B	IRTH NO.	
1.	NAME OF DECEASED 'ype or Print') William L. Bardroff	2. DATE OF DEATH 2/11/53
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before indivision)
В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland
	OSPITAL OR location)	C. CITTOR TOWN (If dutside corporate limits, write KURAL and give
1	119 N. Kenwood Ave.	Daromera
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Days	119 N. Kenweed Ave.
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year If Under 24 Hours Months: Days Hours in Min.
(
WOL	A. USUAL OCCUPATION (Give kind of close, KIND OF BUSINESS OR closed during moet of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	etired)Organ builder	
13	FATHER'S NAME Louis Bardreff	14. MOTHER'S MAIDEN NAME
(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	? ?	Edward W. Bardroff 119 N. Kenwood Av
	18. 422.1 CAUSE	OF DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)	riosclustie C.V. disease 5 reas.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	A CONTRACTOR OF THE PARTY OF TH
	ANTECEDENT CAUSES	
7	ANTECEDENT CAUSES	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
AT	UNDERLYING CONDITION LAST.	
RTIFICA	(C)	
F	OTUED CIGNIFICANT CONTINUE	7 10
Lul	OTHER SIGNIFICANT CONDITIONS CON-	Growbild askina 44ean
U	TO THE DISFASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
U	21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., in	n or 21C. WHERE DID (If in Baltimore City, give exact location)
EDI	LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., e	INJURY OCCUR?
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT WHILE	The state of the s
	m. WORK AT WORK	
	22. I hereby certify that I attended the deceased from 12/	, , , , , , , , , , , , , , , , , , , ,
	deceased alive on 3/10/53, 19 and that death occur	
	23A, SIGNATURE	3B. ADDRESS 23C. DATE STGNED
-	A. BURIAL, CREMA- 2/4B. DATE 24C. NAME OF CEMETE	448 M. Lucerus 4/1453
	ON, REMOVAL (Specify)	
_	Burial 2/14/53 Hely Redeem	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	FD 1 240Fa	John A. Manen 3000 E Reltimore S:

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1858 Registered No

BIRTH NO

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UNFADING Physicians: p

WITH

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NAME OF DECEASED ype or Print)	Conrad	Wengert

2. DATE DEATH

3. PLACE OF DEATH: A Baltimore City, Maryland Balto, City, (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR INSTITUTION 2570 W. Fayette St.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. STATE before admission) (If outside corporate limits, write RURAL and give

C. CITY OR TOWN Balto, City

D. STREET ADDRESS (If rural, give location) 1729 Jackson St.

abt. 70 yrs. Mos. Days c. Length of stay in Baltimore 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) Male White

8. DATE OF BIRTH

CAUSE OF DEATH

9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 27/1863 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Germany

10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR vork done during most of working life, even if retired) Steam Fitter 13. FATHER'S NAME

Construction

14. MOTHER'S MAIDEN NAME

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

18. 470.1

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Frank H. Wengert 1729 Jackson St.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) Occusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

DUE TO

11 OTHER SIGNIFICANT CONDITIONS CON-

Artinoselvis

19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

22. I hereby certify that I attended the deceased from 2-4-53, 19, to 2-11-53, 19, that I last saw the deceased alive on 2-9-53, 19, and that death occurred at 10 7 4 m, from the causes and on the date stated above.

23A. SIGNATURE

238 ADDRESS -206 S. Gilmore

2-13-53 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE

Western

Balto, Md.

ADDRESS

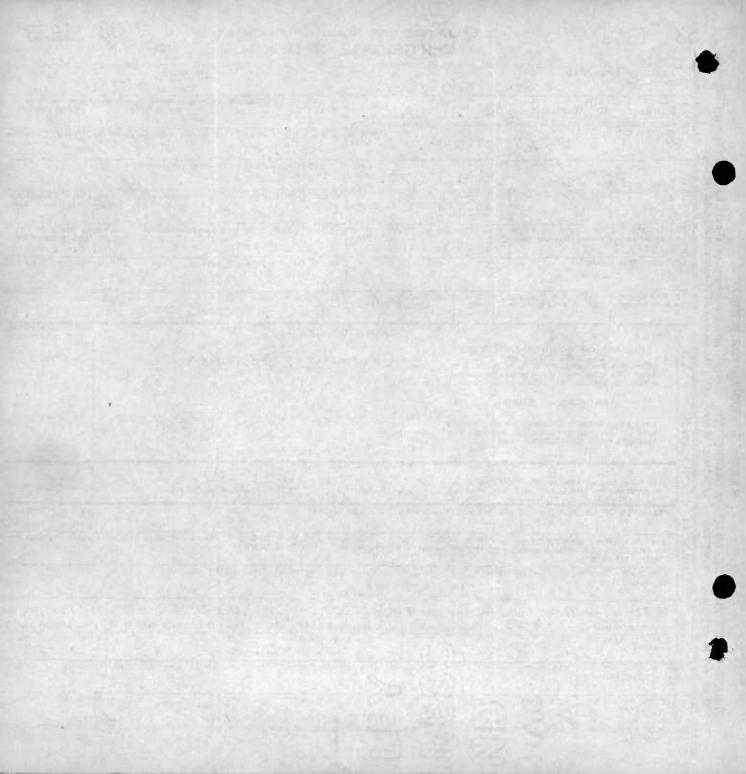
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DATE RECEIVED BY

PLEASE Correct age

25. FUNERAL DIRECTOR



3	CERTIFICATE OF DEATH Registered N	1659
1. (T	NAME OF DECEASED Special Blackwell 2. DATE OF DEATH PLACE OF DEATH: PLACE OF DEATH: 14. USUAL RESPONDE (Where deceased lived. If it	
B. HC	FULL NAME OF (If not in hospital of institution, give street address or location) CONTROL (If outside corrected in the control of the corrected in the correcte	before admission) , write HURAL and give township)
		Dindsr 16 Under 24 Hours
To work	nale Store WIDOWED, DIVORCED (Specify) A. USUAL OCCUPATION (Givekinde) 10B, KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country)	nths Days Hours Min. 12. CITIZEN OF WHAY COUNTRY?
13	Regniell Blickwell The Mediter	-
(Yes	was decrased ever in U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INTO HAND HOPKINS HOSPITAL	DDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	INTERVAL BETWEEN ONSET AND DEATH
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	nutroun
ERTIFIC		
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.	unknoum
DICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LIC WHERE DAY (IT IN BRITISHOTE City, graph of the contribution of the	20. AUTOPSY? YES ND ive exact location)
AL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESTAIN BUT NDT RELATED 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER TION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e.g., in or CIC. WHERE LAW (If in Beltimore City, go CAUSE OF DEATH 21B. TIME (Month) (Day) (Year) (Hour) 21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK NOT WHILE AT NOT WHILE AT WORK	YES ND Dive exact location)
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MEDICAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or LIC, WHERE LAW (If in Partimore City, g about home, farm, factory, street, office bidg., etc.) 1NJURY OF SUR MEDICAL EXAMINER. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 100 (1953, to 1954) deceased alive on 100 (1954), from the causes and on the	VES ND ND vive exact location) Sthat I last saw the e date stated above.
	1. (T 3. A. B. H(C) IN 15 (Yes	EIRTH NO. 1. NAME OF DECASED (Type or Print) 2. DATE OF DEATH DEATH A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR HOSPITAL OR INSTITUTION 3. PLACE OF DEATH: A. Baltimore Of type or Print) 4. USUAL RECIDENCE (Where deceased lived. If is not of the print of the country of the country of the print of the country of the print of the country of the print of the country of the country of the print of the country of the print of the country of the print of the country of the count

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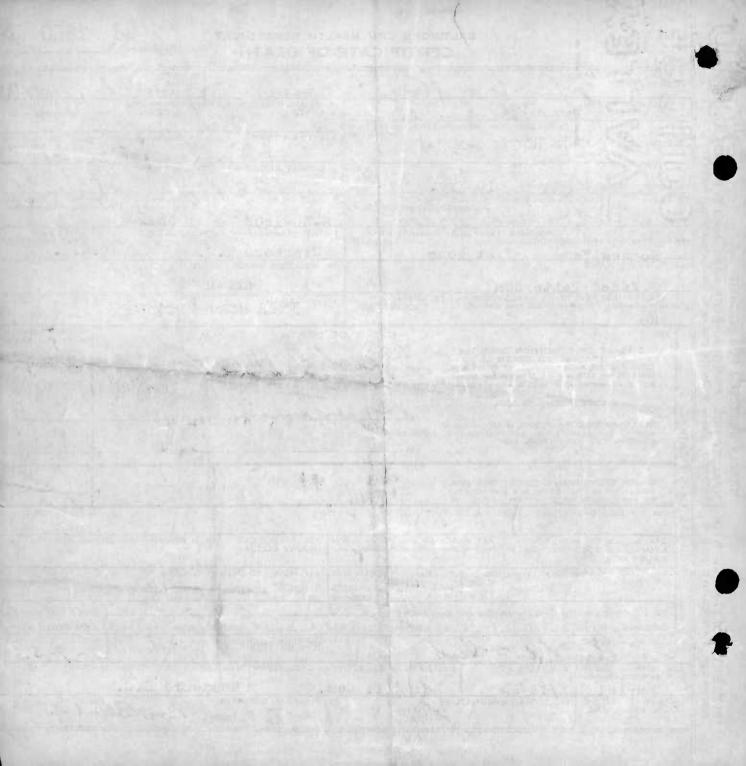
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?!	321660	
	BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1660

	BIRTH NO.	CERTIFICATE OF D	EATH Registered	No.
	1. NAME OF DECEASED (Type or Print)	Roselason	2. DATE OF DEATH &	1 9 1953
	3. PLACE OF DEATH: A. Baltimore City, Maryland Med. B. FULL NAME OF (If not in hospital or institu	A. STATE	RESIDENCE (Where deceased lived, I	institution: residence before admission)
	HOSPITAL OR INSTITUTION JOHNS HOPKINS HO	loantion)	R TOWN (If outside corporate limit	its, write RUPAL and give township)
	c. Length of stay in Baltimore 16 Y	re. Mos. Days	Abdress (If rural, give location)	apel Is
4	terrale Colored	E. MARRIED, VED DIVORCED (Specify) 8. DATE OF	last birthday) M 52	onths Days Hours Min.
	work done during most of working life, even if retired) Housewife At H	ome Wins	eboro S.C.	U.S.A.
	13. FATHER'S NAME	14. MOTHE	Unkown	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFOR		ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused death	B., (A) Cuehel	Hennelge	INTERVAL BETWEEN ONSET AND GEATH
	ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	NG (B) PELLON (C) (C)	si.	
	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE OEATH, BUT NOT RELAT TO THE OISEASE OR CONDITION CAUSING	ŁD .		
		FINDINGS OF OPERATION		20. AUTOPSY?
	- ZIA. ACCIDENI WAS UNDER- ZIB. FL		HERE DID (If in Baltimore City, Y OCCUR?	give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED 21F. HC	NUCCUR?	
1	22. I hereby certify that I attended the deceased alive on 2 - 9 , 1953	and that death occurred at 2	San., from the causes and on	3, that I last saw the the date stated above.
	23A. SIGNATURE W= De	M. O. 23B. ADDRES	HOPKINS HOSPITAL	23c. DATE SIGNED 7-9-53
	24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 2/12/53	Red Hill Com.	Woodward S.C.	
	DATE RECEIVED BY REGISTRAR'S SIGNATION OF THE PROPERTY OF THE		E. Wilson 100 B	ADDRESS MIL
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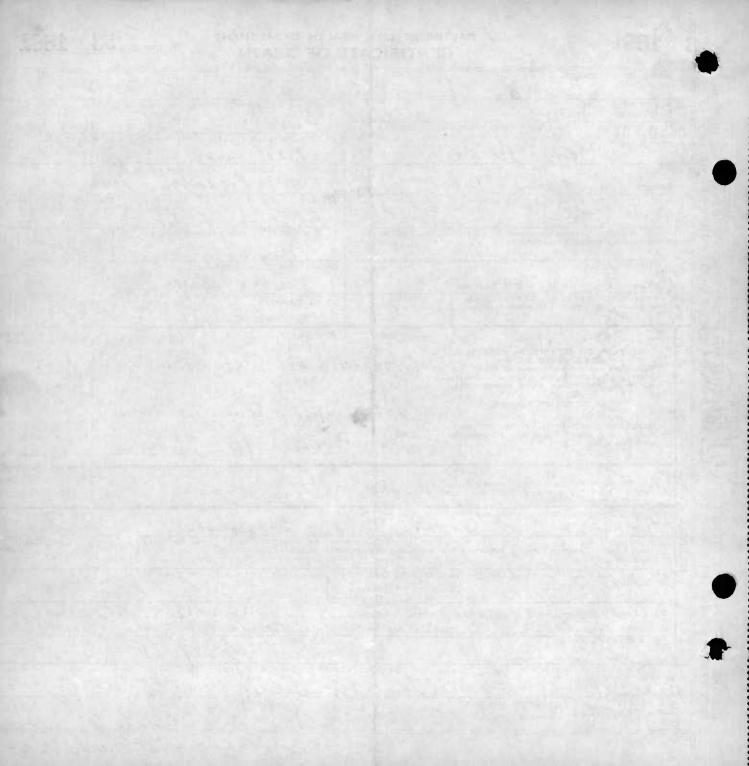
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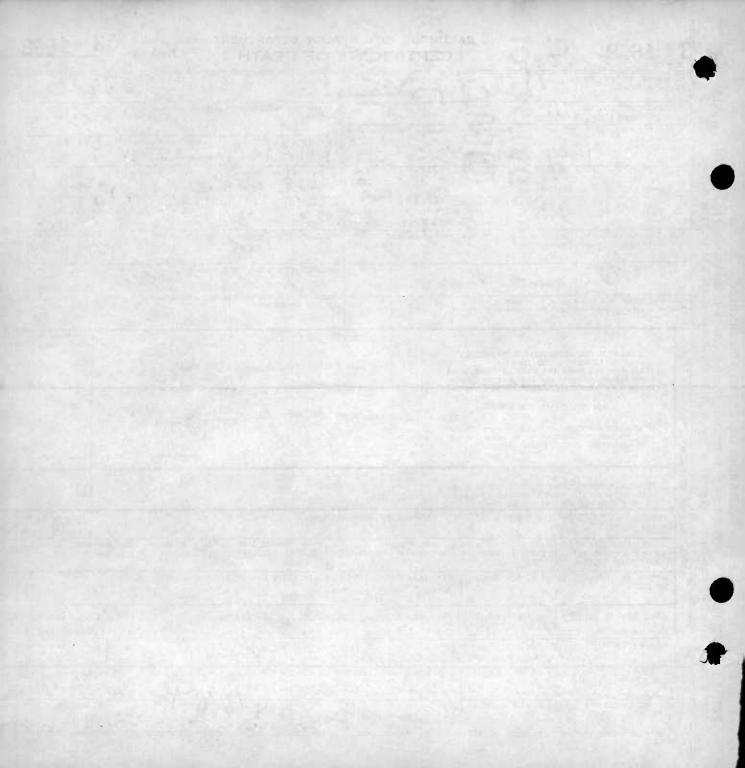
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF arrison DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or 30110. location) C. CITY OR TOWN (If outside corporate limit, write RURAL and give INSTITUTION Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. trederick c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Aug. 8, 1888 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Merman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Hospital record INTERVAL BETWEEN 18. CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Myocardial LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES (Atterio scleratic Cardio-Vascular DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY Dastric Hepato zuegaly 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK 4 - 1953 to 2-12 - , 1953, that I last saw the 22. I hereby certify that I attended the deceased from 2deceased alive on 2 - 12 - 1953, and that death occurred at 1: 45pm., from the causes and on the date stated above. 23A. SKINATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OF CREMATORY 24B. DATE 24D. LOCATION (City, town, or county)

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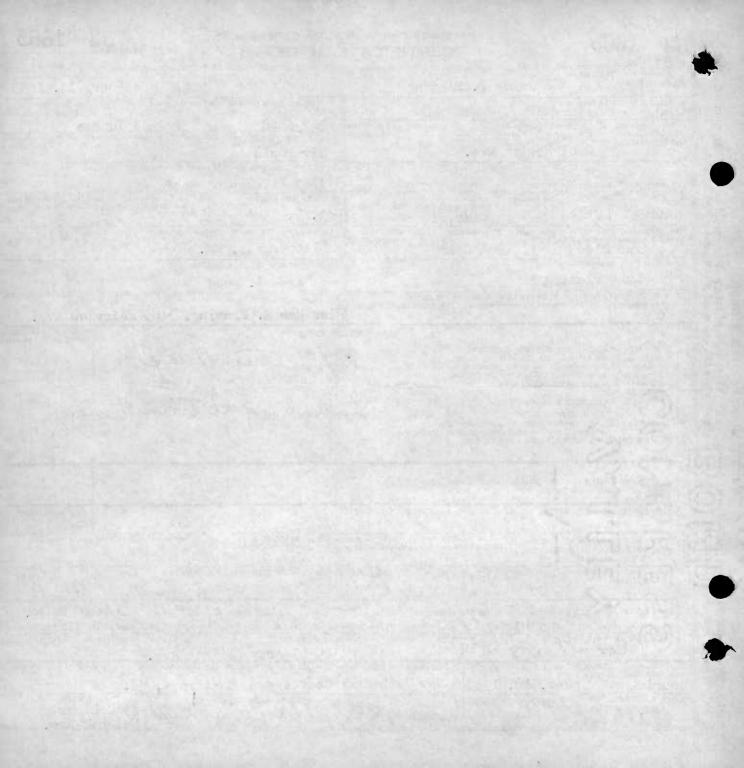
0-	6	OO IDDA	EALTH DEPARTMENT 53 E OF DEATH Registered No	1663
d.	1. (T	NAME OF DECEASED Type or Print) EUGENE CURETON	2. DATE OF DEATH	11.53
upplie	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived. If in	stitution : residence before admission
fully supplied ly.	H	OSPITAL OR Provident Hospital		write RURAL and giv township
e fu	2	Length of stay in Baltimore / Yrs. Moer Bary		200
ld be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years) If Un	der I Year II Under 24 Hours hs Days Hours Min.
on should be	1C worl	DA. USUAL OCCUPATION (Give kind of k done durfing most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
G matic eath	13	B. FATHER'S NAME WILLIAM CURLEN	14. MOTHER'S MAIDEN NAME	W.Silly
BINDIN of infor	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Williams	17. INFORMANT ADE CUREters 16.54	ORESS Maler Sa
Rem		18. 492 X 1 CAUSE	OF DEATH	INTERVAL BETWEE
中中		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	inare alipsied prou-	- 4 days
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NG INK.	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
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ld be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, Specify	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 H	lin.
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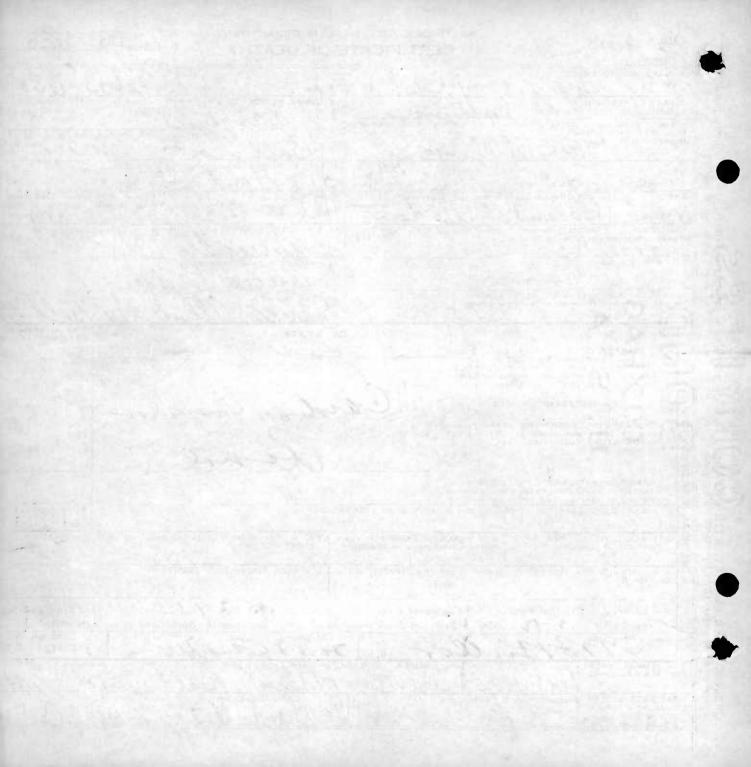
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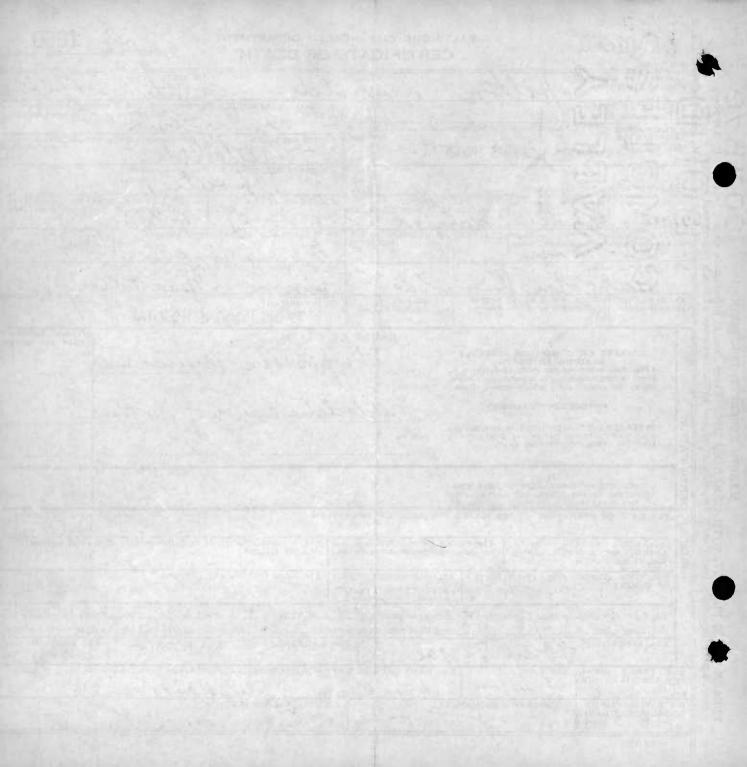
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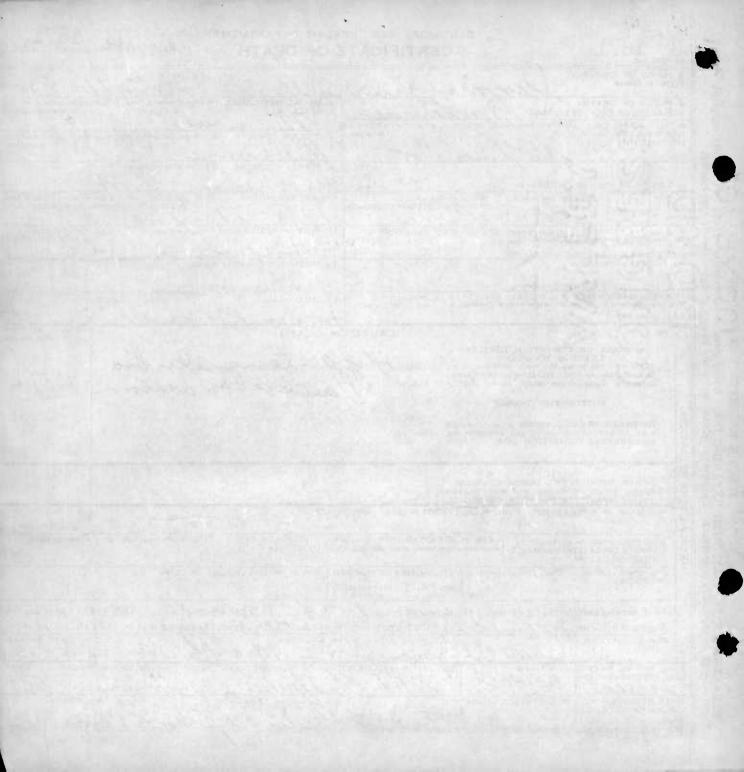
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	E PLAYNLY, WITH UNFADING INK. Every item of information should be call	specially important. Physicians: please write the causes of death clearly and legibly.
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B-	424 53 1671 BIRTH NO.	BALTIMORE CITY HE CERTIFICATE		Registered No.	1671
supplied. T	I. NAME OF DECEASED (Type or Print) S. PLACE OF DEATH: A. Baltimore City, Maryland	nie Black	4. USUAL RESIDENCE (W.	2. DATE OF DEATH DEATH DEATH OF DEATH O	//- 3-3. nstitution: residence before admission
ully y.		institution, give street address or location)	c. CITY OR TOWN (If C	outside corporate limits,	
e c. legibl	c. Length of stay in Baltimore	45 Yrs. Mos. Days	915 Wilm	es Cort	<i>f</i>
should be		SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10-1-77.		ths Days Hours Min
tion shoul h clearly	10a. USUAL OCCUPATION (Give hind of 10) work done during most of working life, over if retired). 17	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or for		WHAT COUNTRY
formation f death cle	15. WAS DECEASED EVER IN U, S. ARMED FOR	RCES? 16. SOCIAL	Muknows		
em of infe	(You, no or unknown) (If you, give war or dates of so	SECURITY NO.	Virginia Be		DRESS 119 Walnuts Ct.
very it	DISEASE OR CONDITION DIRI LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause	ing, e.g., (A)	pertens	andio	INTERVAL BETWEE ONSET AND DEAT
INK. E	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANTERIOR TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.	Y, GIVING	asco	anio	- 8
UNFADING Physicians:	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	NS CON- RELATED			
Py-I	19a. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
LY, WITH	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING Abo	IB. PLACE OF INJURY (e. g., ir ut home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If	in Baltimore City, gi	ve exact location)
LAXAL ially in	21D. TIME (Month) (Day) (Year) (Hou OF INJURY	m. WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
is especi	22. I hereby certify that I attend deceased alive on 2 -//, 19 23A. SIGNATURE	32 and that death occur			Zthat I last saw the date stated abov 23c. DATE SIGNED
PLEASE Wi	24A./BURIAL. CREMA- TON REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR	3 MIT. C	RY OR CREMATORY 245. LC	1/0	ADDRESS
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PLEASE TE PL LY, WITH correct age is especially important.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BI	IRTH NO.	00571		OLIVIN TOAT	L OI DEAI			
1. (T	NAME OF D 'ype or Print)	Elizabet	h Mary	Curry		2. DATE OF DEATH	eb. 1	13, 1953
В. Н	Baltimore (FULL NAME OSPITAL OR ISTITUTION	City, Maryland	ty Hosy	tion, give street address or location)	A. STATE		Y	before admission)
c.	Length of s	tay in Baltimore	28	years Yrs. Mos. Days	555 Oxfor	ESS (If rural, give location	1)	
	SEX F	6. COLOR OR RACE	WIDOV	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (ln year last birthday)		l Year If Under 24 Hours Days Hours Min.
work	done during most	NAME /	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S Virginia 14. MOTHER'S MA			CITIZEN OF WHAT COUNTRY!
-		lysses Herber			Lucill	e Morton	5.5	
(Yes	. WAS DECEAS: s, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	B. C. H.	4940 Eastern Av	addr e. (r	
ERTIFICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEAT s not mean the mode of the action which complication with the action which will be action with the action will be action. The action will be action will be action with the action will be action with t	TH f dying, e. 1 ns the diseas aused death ES F ANY, GIVIN STATING TH	(B)Anuris	distention	obstruction a	and	ONSET ANO DEATH
CERTII	TRIBUTING	II SIGNIFICANT CONDI TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATE	-0				
	19A. DATE C 2-12-			FINDINGS OF OPER colectomy	ATION			20. AUTOPSY?
MEDICAL	21A. ACCID LYING OF CAUSE OF	PENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,			ty, give	exact location)
	210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK	ED 21F. HOW DID	INJURY OCCUR?		
		live on 2-13-		and that death occur		3, to 2-13-, 1, from the causes and o	n the d	
24 TIC	A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE pecify) 2 - 14 -	1.00.0	MA. QU	RY OR CREMATORY	240. LOCATION (City, to	own, or co	ounty) (State)
LC	ATE RECEIVE	D BY REGISTRAR'S	SIGNATU	True of the second	25. FUNERAL DIR	ECTOR		DRESS

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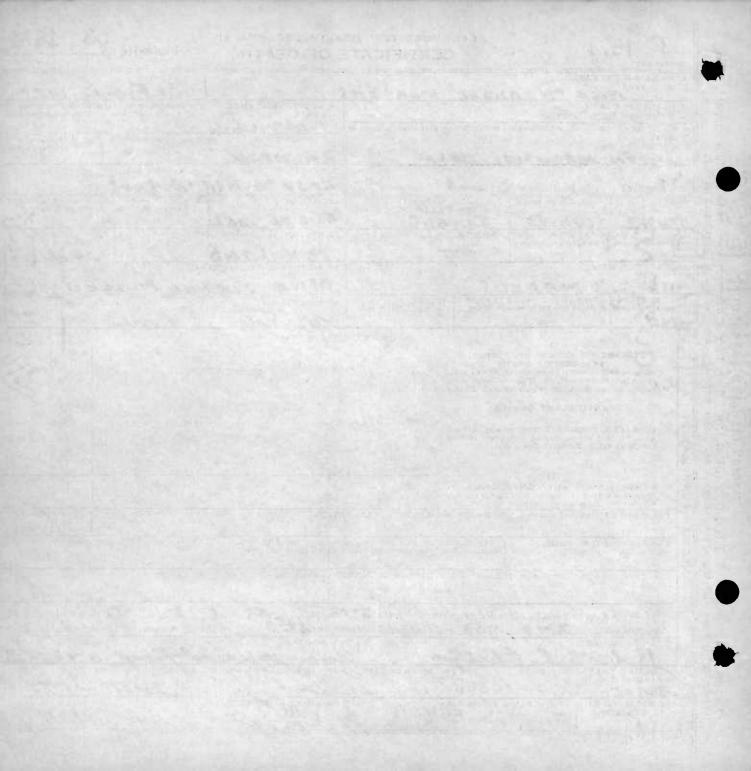
	IRTH NO.	DECEASED	CERTIFICAT	E OF DEATH	Registere	ed No.	.673
(T	Type or Print)	ISSAC	A. STURGIS		2. DATE OF FO DEATH	bruary 12	2,1953
	Baltimore	EATH: City, Maryland		4. USUAL RESIDENCE (\ A. STATE			residence re admission
H	FULL NAME OSPITAL OR		al or institution, give street address or location	- A	Balt f outside corporate li	imore	AI. and giv
17	NSTITUTION	Mercy Hospi	ital (DOA)	Towson	5	3-55	township
	Page .	4 i D-14:	Yrs. Mos.	D. STREET ADDRESS (If)	
100	SEX	tay in Baltimore	7. SINGLE, MARRIED,	8. DATE OF BIRTH	I O ACE (In voor	s II Under 1 Year	H Under 24 Hous
]	Male	White	WIDOWED, DIVORCED (Specify Married	June 8, 1892	(ast birthday)	Months Days	Hours Min
worl	k dooe during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR		oreign country)	12. CITIZE WHAT,	OUNTR
_	naustria. B. FATHER'S I	l Analyst	N.P.A., U.S. Govet.	Tennessee	AME		USA
		sac A. Sturgis	s, Sr.	14. MOTHER O MAIDEN	Morefi	ield	
15 (Ye		ED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT		ADDRESS	
	No	None	oeconii i no.	Mrs. I.A.Sturgis	, Towso, Md	1.	
		complication which c		1			••••••
ICATION	DISEASE	complication which c	ns the disease, aused death.) DUE TO	teise few r			
CERTIFICATION	DISEASE RISE TO TUNDERL	complication which complication which complication which cause (A) some condition is conditional condi	rathe disease, aused death.) ES ANY, GIVING STATING THE ST. TIONS CONNOT RELATED	teivselewi			
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ICAL CE	OTHER STRIBUTION TO THE COMMENT OF T	complication which complication which complication which cause (A) so the complete c	TIONS CONNOT RELATED CAUSING IT. CAUSING IT. 21B. PLACE OF INJURY (e. g	o or 21c. WHERE DID (If in Baltimore Cit	YES	No [
ш	DISEASE RISE TO TUNDERL' OTHER STRIBUTING TO THE E	complication which complication which complication which cause (A) some condition is condition to the death, but the death, but the death, but the death of the death, but the death of the	TIONS CON- NOT RELATED CAUSING IT. DUE TO (B)	o or 21c. WHERE DID (If in Baltimore Cit	YES	No [
DICAL CE	OTHER STRIBUTION TO THE E	complication which complication which complication which cause (A) so the complete c	TIONS CON- CAUSING IT. 21B. PLACE OF INJURY (e.g., about bome, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURE	ED 21F. HOW DID INJUR		YES	No [
DICAL CE	OTHER STRIBUTION TO THE E 19A. DATE C 21A. ACCIDE HOMICIDE 21D. TIME OF INJURY	complication which complication which complication which complete the above cause (a) ying condition to the death, but the above cause (b) in the death, but the death, but the condition of operation (complete the condition of the death, but the death, but the condition of operation (complete the condition of the death, but the condition of the death, but the condition of the complete the comp	ms the disease, aused death.) DUE TO SES FANY, GIVING STATING THE DUE TO ST. (C)	ED 21F. HOW DID INJUR	Y OCCUR?	yes ty, give exact lo	NO 2
DICAL CE	OTHER STRIBUTION TO THE E 19A. DATE C 19D. TIME OF INJURY	complication which complication which complication which complete the above cause (A) ying condition to the death, but disease or condition of operation of operation (Specify) (Month) (Day) (Year)	ms the disease, aused death.) DUE TO SES FANY, GIVING STATING THE DUE TO ST. (C)	ED 21F. HOW DID INJURY	Y OCCUR?	yes ty, give exact lo	NO Pocation)
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MEDICAL CE	DISEASE RISE TO TUNDERL' OTHER STRIBUTION TO THE E 19A. DATE C 21A. ACCIDE HOMICIDE 21D. TIME OF INJURY 22. I hereb deceased a	complication which complication which complication which complete the	TIONS CON- NOT RELATED CAUSING IT. 21B. PLACE OF INJURY (e.g., about bome, farm, factory, street, office bldg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK ended the deceased from 2 , 19 12, and that death occurrence.	21c. WHERE DID (Cetc.) INJURY OCCUR? ED 21f. HOW DID INJURY 21f. HOW DID INJURY 22f. How D	Y OCCUR?	yes ty, give exact lo	No late above

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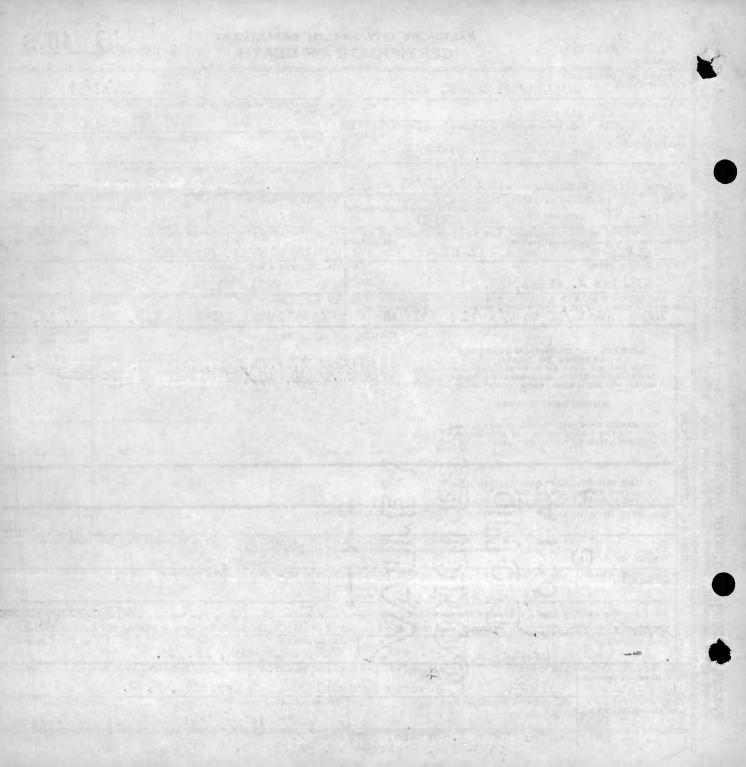
ohn Bunns' Soms, Howson, Maryland

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2		EALTH DEPARTMENT Registered	53 1676
	NAME OF DECEASED Type or Print) WILLIAM J. SHANE, JR.	2. DATE OF 2 DEATH 2	/13/53
B. H. In	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address o location VA HOSPITAL location BALTIMORE 18, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, I B. COUNTY PENNSYLVANIA PHILADELP) C. CITY OR TOWN (If outside corporate lim PHILADELPHIA	ff institution: residence before admission) HIA COUNTY its, write RURAL and give township)
	Length of stay in Baltimore SINCE 12/29/53 SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	D. STREET ADDRESS (If rural, give location) 1824 N. 6th Street 8. DATE OF BIRTH 9. AGE (In years)	M Under 1 Year M Under 24 Hours
10	MALE WHITE WIDOWED, DIVORCED (Specify MARRIED DA. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR INDUSTRY) INDUSTRY INDUSTRY	2/25/97 last birthday) N 55 11. BIRTHPLACE (State or foreign country)	Ionths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
	GLAZER GLAZING GLAZING GLAZING GLAZING GLAZING GLAZING GLAZING	PHILADELPHIA, PENNSYLVANIA 14. MOTHER'S MAIDEN NAME MARY GETNER	USA
H 15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yee, give war or dates of service) YES 6/20/18 to 7/30/21 UNKNOWN	17. INFORMANT	BALTO., 18, MD.
please write the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying a g		INTERVAL BETWEEN ONSET AND DEATH APPROX. 2 YEARS
rnysicians: CERTIFICA	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
Important.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE 21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., LYING☐ OR CONTRIBUTING☐ about bome, farm, factory, atreet, office bldg.	io or 21C. WHERE DID (If in Baltimore City,	20. AUTOPSY? YES No X give exact location)
any impo	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY VA m. WHILE AT NOT WHILE AT WORK	RED 21F. HOW DID INJURY OCCUR?	
is especi	22. I hereby certify that attended the deceased from 12 tectored aliveon and that death occu	2/29/52 , 19 , to 2/13 , 195 erred at 3:05 Am., from the eauses and on 23B. ADDRESS VAH, BALTIMORE, 18, MD.	the date stated above. 23c. DATE SIGNED
rrect a	REMOVAL (Specify) 2/14/53 Beverly National Received by Registrar's signature	ional Beverly, N. J.	ADDRESS/
03 L	vs 150 Shipped to: John R. Crouse, Fune 1830-32 E. Somerset	Miedred J. Blight	1009 Harford



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BALTIMORE CITY HEALTH DEPARTMENT

		IRTH NO.	CERTIFICATE OF DEATH	Registered No.	7011		
d.	1. (7	NAME OF PECEASED Type or Print)	J. District	2. DATE OF DEATH	15-53		
supplied	Α.	PLACE OF DEATH: Baltimore City, Marcland FULL NAME OF (If no in hospital or	4. USUAL RESIDENCE (Whe institution, give street address or	ere deceased lived. If insti	tution presidence before admission)		
ully s	H	OSPITAL OR NSTITUTION		atside corporate (mits, wi	rite RURAL and give township)		
legibl	c.	. Length of stay in Baltimore	Yrs. Mos. Days	ral, give location	RD.		
and pe	5.	SEX 6. COLOR OR RACE 7.	SINGLE MARRIED. (Specify) 8. DATE OF BIRTH	AGE (in year) II Under last birthday Months	l Year If Under 24 Hours Day Hours Min.		
clearly a	worl	A. USUAL OCCUPATION (sive kind of k done during most of working life, even if retired)	S. KIND OF BUSINESS OR II. BIRTHPLACE (State on fore	ign country) 12.	CITIZEN OF WHAT COUNTRY?		
information s of death cle	13	S. FATHER'S NAME	14 MOTHER'S MAIDEN NAM	IE WOO	0.0		
f infores of c	15 (Ye	5. WAS DECEASED EVER IN U. S. ARNED FOR	RCES 16. SOCIAL SECURITY NO. 17. INFORMANT	Sand All Apply	RESS		
ry item of ir		18. 420 / I	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
Every i		LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause	ing, e.g., (A) (Droncery /hr	om bosis	1 day		
12	7	ANTECEDENT CAUSES	(B) Artenoselero	2318	Venra		
IG INK.	ATIO	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	Y, GIVING	**************************************	y. bottle vd		
UNFADING Physicians:	TIFIC	11					
UNF	CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED ISING IT.				
H .	DICAL	0	MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
Y, WITI	MEDI	LYING OR CONTRIBUTING abo	ut bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	in Baltimore City, give	exact location)		
N N		21D. TIME (Month) (Day) (Year) (Ho OF INJURY	WHILE AT NOT WHILE		DICHL EXAM.		
PLA pecial	22. I hereby certify that I attended the deceased from feb 12, 1953, to 12612, 1953, that I last saw the						
TE esp		deceased alive on, 19	Jewell M. D. 23B. ADDRESS Parker		3c. DATE SIGNED		
ASE of	246. BURIAL CREMA- 24B. DATE 246. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town,						
PLEAS		ATE RECEIVED BY REGISTRAR'S SI	GNATURE 25. FONERAL DIRECTOR	My - DOWN	PORESS		

William Volumer'S CASE.

William Volumer'S CASE.

CHIEF OR ASST. MEDICAL EXAMINER

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1678 53 Registered No.

d.		NAME OF DECEASED ype or Print) Mary Cu. della 1953
supplied	3. A.	PLACE OF DEATH: Baltimore City, Maryland / \$12.0 less a discontinuous description and state of the state of
ns /	B. H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)
ully.	A	Salto (If outside corporate limits with taking live township)
egib		Length of stay in Baltimore 709 D. STREET ADDRESS (If rural, give location) Nos. 1812. N. 2011 and 1500 Median.
be]		SEX 6. COLOR OR RACE 7. SHOELD. MARRIED. B. DATE OF BIRTH SACE IN YEAR HOURS MIDOWED, DIVORCED (Specify) Months: Days Hours Min.
-	8	emale White Widow May 1865 87
		k done during most of working life, syan if retired) INDUSTRY A 91 WHAT COUNTRY?
ation	13	FATHER'S NAME 14. MOTHER'S MADEN NAME
information s of death cle	Y	3. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17 INFORMANT ADDRESS
of ind	(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.
item of		18. 4200 CAUSE OF DEATH ONSET AND DEATH
it e		(This does not mean the mode of dying, e.g., (A) Interior derate Heart Disease Vigans
Every write tl		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO
-	_	ANTECEDENT CAUSES
INK. please	OL OL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO
DING ians:	ICA	UNDERLYING CONDITION LAST. (C)
P.O	RTIF	OTHER SIGNIFICANT CONDITIONS CON-
UNF	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
TH ot.	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
X, WITI	EDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?
	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY
FE PLA especially		m. WHILE AT NOT WHILE AT WORK AT WORK
TE lespe		22. I hereby certify that I attended the deceased from 2/// , 1953, to 2//3 , 1953, that I last saw the deceased alive on 2/// , 1953. and that death occurred at 12 Pm., from the causes and on the date stated above.
Q ²		23A. SIGNATURE 23C. DATE SIGNED
SE I		M. D. 1 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
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PI		OCAL REGISTRAR ALLEGISTRAR PLANTS AND PLANTS

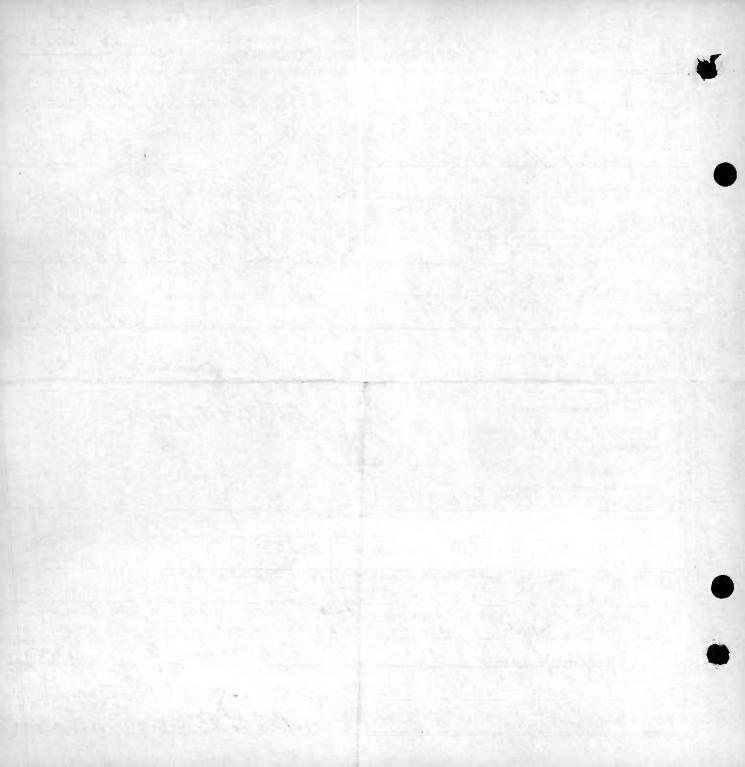
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	TE PL	especia
	SE .	t age

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1679

(Type or Print) Rosa OLINGS	2. DATE OF DEATH 2/11/53
a. Baltimore City, Maryland /3/4 MyrTle AVE	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. SYATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CATY OR OWN (If outside corporate limits, write RURAL and give
INSTITUTION 1914 Must for any	township)
Yrs.	D. STREET ADDRESS (If rurs) give location)
Mos.	1314 Mulle Mu
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
Finale Col. Willows (Specify)	Askil 17,1885 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR work done during most of working life, even in retired) INDUSTRY	VI. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
TOUSEWILL	(narlesberry Ja. X.S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN WAMES
Henry Johnson	Tall.
15. WAS DECEASED VELON U.S. ARMED FORCES? 16. SOCIAL (Yes for unknown) (If tes, give war or dates of service) SECURITY NO.	MINESTMANT ON ADDRESS TO
SECORITI NO.	Halhaniel Humar 1314 Hullian
18. 560 X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	OF DEATH
(This does not mean the mode of dying, e.g., (A)	ardise Geompenestral 3 ym
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
Λ	11. 1. 1. 1
Z ANTECEDENT CAUSES	teld Repliets & Malignost
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	sportention.
UNDERLYING CONDITION LAST.	
E (C)	
II (C)	
山 TRIBUTING TO THE DEATH, BUT NOT RELATED	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
0	YES NO L
21A. ACCIDENT, SUICIDE. DHOMICIDE (Specify) DHOMICIDE (Specify) DHOMICIDE (Specify)	n or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	01 0/10 53
22. I hereby certify that I attended the deceased from	, 195/, to 2/12 , 1953, that I last saw the
	rred at 12 4m, from the causes and on the date stated above.
Jan Qulian H M.D.	SII N. Folisaled &. 23c. DATE SIGNED
24A. BURIAL, CREMA 24B DATE 240. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
134161 4/6/63 Volaver 1	lam com at som yar
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS 322
LOCAL REGISTRAR	7/ 1/4 Maise Or FILL Conne 41. Laber arder St.
VS 150	



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 1680

ADDRESS

5305 Harford Mosd

CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) MARGARET A. SINDALL OF Feb. 13, 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION 2909 Hamilton Avenue township) p. STREET ADDRESS (If rural, give location) Yrs. Mos. 2909 Hamilton Avenue c. Length of stay in Baltimore Days 9. AGE (in years It Under 1 Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) female widowed ept 15. 1877 10A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? at home Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Beckman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown! (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Higdon 2909 Hamilton INTERVAL BETWEEN CAUSE OF DEATH 18. 20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) Elardea ?! ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK Feb 12 _ 1953, that I last saw the 22. I hereby certify that I attended the deceased from ended the deceased from 39, 1949 to 12, 1953, that I last saw the 1953, and that death occurred at 5 4 m., from the causes and on the date stated above. deceased alive on Tel-12 23B. ADDRESS 23c, DATE SIGNED 23A, SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore, Maryland Durial Holy Redeemer Cem

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Dr. Brennan 5217 Harford Road

5	20	
53	1681	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	4004
Registered No	1681

BIRTH NO

VS 150

1. (T	NAME OF DE		uise	ANNA M	unk	2. DATE OF	eb. 13-1953
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1	FULL NAME		pital or institu	tion, give street address or		ruland	() I
H	SPITAL OR			location)		(If outside corporate	limi's, Write RURAL and give
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		ay in Baltimore		Days	6507		7700
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13	AIRERSN	AME			14. MOTHER'S MA	IDEN NAME	
	Hugu	ST	SOM	IMERS	CATHEYI	NP Krum	mack
15	. WAS DECEASE	D EVER IN U.S. ARI (If yes, give war or d	MED FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS /
(10	s, no or unknown)	(11 yes, give war or o	aces of service;	SECURITY NO.	Mr. FrANK	P. Munk -	6507 gknoak
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			m.	WHILE AT NOT WHILE			
	22. I hereby	certify that I	attended the	deceased from Jul	416 194	3to Feb 13	1953 that I last saw the
				and that death occur	rred at 10 Am		on the date stated above.
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		the less			6217 Ho	upro Fel	2/13/53
2	A. BURIAL C	El Colonia		M. D. 24c. NAME of CEMETE		24b. LOCATION (City,	//-/
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Dr. Alessi

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If Under 24 Hours

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If Under 1 Year

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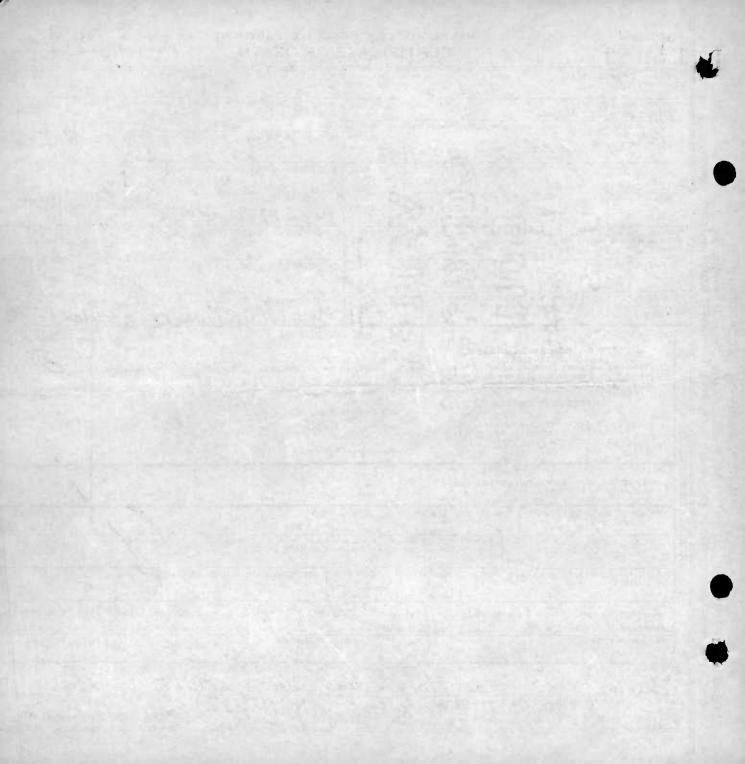
12. CITIZEN OF

Dr. Harbold

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BALTIMORE	CITY	HEALTH	DEPARTMENT
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Phe Phe	3	IRTH 1683)			CERT	IFICAT	E OF D	EATH		Registe	red No		
ied.	(1	NAME OF D Type or Print)			5041	VT	REL	MON	D		OF OEATH	13 F	26	
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be nd 1	Townson.	SEX	6. COLOR			E. MARRI	Days ED. RCED (Specify	8. DATE OF	BIRTH		GE (in ye	ars It Under		der 24 Hours
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on shou clearly	worl	NA. USUAL OC	of working life, e	en if retired)	10B. KIN	D OF BUS	INESS OR INDUSTRY		LACE (State	or foreign	country)	12.	WHAT CO	
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LY, WITJ	MEDIC	21A. ACCID LYING OF CAUSE OF	CONTRIB		21B. PL about home	ACE OF IN	VJURY (e. g., street, office bldg.		HERE DID	(If in I	Baltimore	City, give	exact locat	ion)
y iii	2	21D, TIME OF INJURY	Month) (D	ay) (Year)	(Hour)		JRY OCCURF		נאו סום wc	URY OCC	UR?			
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ASE ct a	TA	ON REMOVAL (S	pecify)	3//	53	Hol	1 0	ss Cer			10		yd.	
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	PLA Y, WITH	pecially important.
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4	536	
	53 1684	
	BIRTH NO.	
4	1. NAME OF DECEASED	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. (T	NAME OF DE	AN	NA C.	VON DREH		1 20 207 1 1 1 1	. 11, 1953
B. H	Baltimore C FULL NAME C OSPITAL OR ISTITUTION	ity, Maryland OF (If not in hospit: KIRKLEIGH				t of Colum outside corporate limi	before admission)
		ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 1933 Summi	t Place N.	
f	emale	white	Widow	E, MARRIED. VED, DIVORCED (Specify) OWOU	June 27, k885	last birthday) M	
worl	at h		IOB, KINE	O OF BUSINESS OR INDUSTRY	Baltimore, Na:	ryland	12. CITIZEN OF WHAT COUNTRYS
	?	Sa	andkuh		14. MOTHER'S MAIDEN NA		
(Yes	, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	of service)	16. SOCIAL SECURITY NO.	Mr. Charles V	on Drehle,	Macomb N.W.
ERTIFICATION	heart failur injury or DISEASES RISE TO TH UNDERLY OTHER SI TRIBUTING	LEADING TO DEAT not mean the mode or asthenia, etc. It means the mode or asthenia, etc. It means the complication which complication which complication which complications, is as the complete of the complet	f dying, e. s ns the diseas aused death ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) (C) (C)	trioschrosis, g	nornag e	1260
CAL C	19A. DATE O	0	the second second	FINDINGS OF OPER			20. AUTOPSY?
MEDIC	CAUSE OF		about home,	ACE OF INJURY (e. s., i farm,factory,street,office bldg.,	etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
	OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	. ام	P	
	deceased al.	elleam of	1953. HEL	And that death occur	195/, to Orred at 1/20 Pm, from to 138. ADDRESS Solution of CREMATORY 240. L	he causes and on the Avs. Calk 1	23c. DATE SIGNED
D/	ON, REMOVAL (S) Buria ATE RECEIVED OCAL REGISTS VS 150	BY REGISTRAR	/53	Holy Redee	men Cem Ra	lti ore, M	aryland ADDRESS Harford Roa

1 NAM	-		DEC	EA
BIRTH	NO	16	15	C
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 1685

_						
1. (T	NAME OF DECEASED ype or Print)	4RLES	SANDER:	5	2. DATE OF JEB	.11,1953
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	before admission
	FULL NAME OF (If not in hos	pital or institu	tion, give street address or	1023 M. Eu.	fan St. Balt	Lo. Md.
	OSPITAL OR	, 01	location)		outside corporate limits,	
III	STITUTION Providen	1 100	mital			township
3	Α	1			1	0 1 10
1		0.	Yrs.	D. STREET ADDRESS (If	rural, give location)	- () 4
c.	Length of stay in Baltimore	30	Mos. Days			
_	SEX 6. COLOR OR RAC		E. MARRIED,	8. DATE OF BIRTH	LO ACE (In your Hill	odor 1 Voor If Under 24 House
	3. 1		WED, DIVORCED (Specify)		9. AGE (In years If li	hs! Days Hours! Min.
	male ed.	m	arries	7-10-1894	58	
10	A. USUAL OCCUPATION (Give kin		D OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 1	2. CITIZEN OF
orl	done during most of working life, even if retir	ed)	INDUSTRY		/	WHAT COUNTRY
	Laborer			Welson N.C		U.S.A.
13	FATHER'S NAME		0	14. MOTHER'S MAIDEN N	AME	V. 3. A.
	*Gme	s San	ders	. 010		
				Helen	mc see	
15	. WAS DECEASED EVER IN U. S. ARI	MED FORCES?	16. SOCIAL	13. INFORMANT	ADI	DRESS
Ye	(If yes, give war or d	ates of service)	SECURITY NO.	//		0 00 001
	No			unne sand	ers-1023.n.	Culawo,
	18. 2 2 / //		CAUSE	OF DEATH		INTERVAL BETWEEN
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	DISEASE OR CONDITIO	N DIRECTLY		000		7
	(This does not mean the mod	e of dving e	8. (A)	remat M	manhage	
	heart failure, asthenia, etc. It r	neans the disea	se,		·····	
	injury or complication which	a caused deat	h.) DUE TO			
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_	ANTECEDENT CA	USES	*	an sontener		
6	DISEASES OR CONDITIONS	IF ANY CIVI	(B)			
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∢	UNDERLYING CONDITION	LAST.				of properties and
2						
KTIFICA			(C)			
5	OTHER CLOWERS NEEDS	IDITIONS				
6	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, B					
<u></u>	TO THE DISEASE OR CONDIT			***************************************		
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EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	about home.	ACE OF INJURY (e. g., i farm, factory, street, office bldg., e		If in Baltimore City, giv	e exact location)
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		m.	WHILE AT NOT WHILE			
			TO THE STATE OF TH		0 /	
	22. I hereby certify that I d	attended the	deceased from	6. 9 , 1953, to	def. (1, 1953,	that I last saw th
	deceased alive on Feb. 1					
	23A. SIGNATURE	, 10-1		3B. ADDRESS		23C, DATE SIGNED
		? Som				Z - 13 -53
				7309 June		
24	A. BURIAL, CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, o	r county) (State)
TIC	N. REMOVAL (Specify)	- 10,-2	mot autin	as an inter of	natulant	
	surial Feb. 15	01960	Mr. aubur		raryland	THE RESERVE
D	TE RECEIVED BY REGISTRA	R'S SIGNATI	URE	25. FUNERAL DIRECTOR	() 0	ADDRESS

VS 150

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before admission)

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INTERVAL BETWEEN

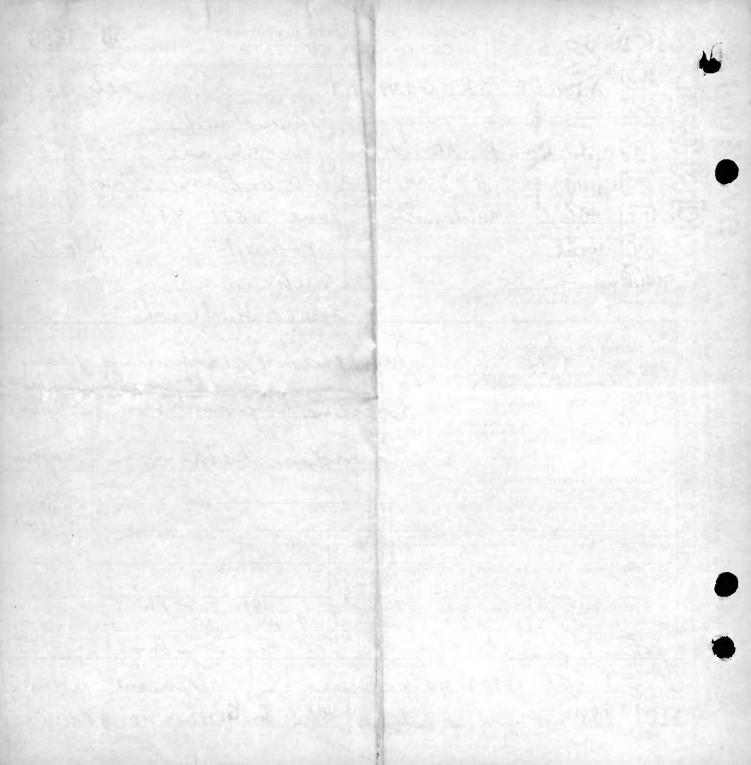
ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

YES

VS 150



-	560
	53 1688

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

F	1.	NAME OF DECEASED	2. DATE		
ed.	<u> </u>	(Type or Print) HANNAH J. MUNROE	of Feb. 12, 1953		
ully supplied	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence before admission)	
ns /	H	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR Methodist Home for the Agedocation		frita RURAL and give	
	IN	2211 W. Rogers Ave.	Baltimore	township)	
elegibl	1	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)		
of information should b		Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.			
		female white widowed (Specify		der i Year If Under 24 Hours hs Days Hours Min.	
	10 worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) Maryland	2. CITIZEN OF WHAT COUNTRY?	
	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
		George Ware	Mary Parrish		
	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 8, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Mrs. Mamie Fisher-22ll W. Rogers Ave.		
		18. 477./ CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
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Ever		ANTECEDENT CAUSES	Jeriosclerosis /		
INK.	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	Muosellion	20412	
-	JIL	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
ADING icians:	1C/	(C)			
UNFADING Physicians:	ERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
	Ū	TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	RATION	l 20. AUTOPSY7	
WITH rtant.	CAL	0		YES NO	
LY, WITH	1EDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, giv etc.) INJURY OCCUR?	e exact location)	
im	2	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURS OF INJURY			
PL		m. WORK AT WORK			
TE F		22. I hereby certify that I attended the deceased from Jadeceased alive on Feb 12, 1953, and that death occu	1 N2 , 1953, to Feb /2 , 1953,		
T				23c. DATE SIGNED	
E age	2	4A. BURIAL, CREMA- 248, DATE 24C. NAME OF CEMETE	SOOW 33 14 ST ERY OR CREMATORY 24D, LOCATION (City, town, or	2-/3-53	
ASE ct a	TIC	4A. BURIAL, CREMA- ON. REMOVAL (Specify) Burial 2/16/53 Lorraine Cem		county) (State)	
PLEASE correct a		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	DDRESS	

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	53 1689
1	BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. (T	NAME OF DECEASED LEWIS FRANKLIN GERBER, S	Sr. 2. DATE of Feb. 12, 1953						
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If Institution: residence A. STATE B. COUNTY before admission)						
H	OSPITAL OR Vanceau Roet Home location)							
1	2601 Roslyn Ave.	Baltimore township)						
1	Yrs.	D. STREET ADDRESS (If rural, give location)						
C.	Length of stay in Baltimore Mos.	6 Elmhurst Rd.						
1	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If linder 1 Year If linder 24 ligurs						
10	male white widowed	June 13, 1874 78						
worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Builder self emp.	Ma ryland						
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	John M. Gerber	Sarah						
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s., no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS RO						
'	no seconti vivo.	Mr. L. Franklin Gerber, Jr6 Elmhurst						
	18. 472./ CAUSE	OF DEATH INTERVAL BETWEEN						
	DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH						
	(This does not mean the mode of dying, e.g., (A)	Lio Vocular divines. 6 ho.						
	//							
_	ANTECEDENT CAUSES Authority							
0	DISEASES OR CONDITIONS, IF ANY, GIVING							
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	rediac majour						
NO.	(C)							
RTIFICATION								
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
Ü	TO THE DISEASE OR CONDITION CAUSING IT.							
AL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	20. AUTOPSY?						
IEDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?						
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?						
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK							
		by 28, 1953, to Fef (2 , 1953, that I last saw the						
	- the state of the	, , , , , , , , , , , , , , , , , , , ,						
	deceased alive on 19 5 and that death occurred at Q.m., from the causes and on the date stated about 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGN							
	LE UN DOWN M.D.	121281 Faul fr 2/14/53						
2	AA. BURIAL, CREMA- 24B. DATE 124C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
TI	Burial 2/14/53 Loudon Park	Cem. Balto. Md.						
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 DUNESAL PRECTOR 1 / ACORESS						
	DCAL REGISTRAR	Store Walance I X Man						
	B 4 47 S Handadan Front 1 /	21/11. J. Jugaran 12/10						
	VS 150	Cotto 17 Ma.						
11		John 111						

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	BIBHED	
	0	
Towns and a second		

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

he	BIRTH NO. CERTIFICAT	TE OF DEATH	Registered No.				
F	1. NAME OF DECEASED 2. DATE						
ed.	(Type or Print) Florence Vandergri	f+	DEATH Feb. 12 1953				
supplied	3. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (When	e deceased lived, If institution: residence B. COUNTY before admission)				
sul	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location						
efully oly.	INSTITUTION	c. CITY OR TOWN (If out	side corporate innits, write RUMAL and give township)				
efu bly.	marylana General 9-tospetal.	D. STREET ADDRESS (If rurs	al, give location)				
eg.	c. Length of stay in Baltimore Lye Mos.	22/9 our	n due.				
should be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specif	8. DATE OF BIRTH 9	AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min.				
shou	10A. USUAL OCCUPATION (Givekindof work done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreig					
cles	Housewife at home	ma.	WHAT COUNTRY!				
atio	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Every item of information shou write the causes of death clearly	Richard E. Sheckells	Josephine To	erber-				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17UNFORMANT	ADDRESS				
		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
y it the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	repral vascula	4 Lours				
ver	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		- account				
	ANTECEDENT CAUSES						
INK.	Z (8)						
ple	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
NG 18:	UNDERLYING CONDITION LAST.						
UNFADING Physicians: p	E 11						
NF.	OTHER SIGNIFICANT CONDITIONS CON-						
Da.	TO THE DISEASE OR CONDITION CAUSING IT.	PATION	1 20 MUTOPSY2				
TH of.	O V	RATION	20. AUTOPSY?				
VLY, WITH important.	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ebout home, farm, factory, at rest, office bldg	in or 21c. WHERE DID (If in INJURY OCCUR?	Baltimore City, give exact location)				
N. in	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY O	CCUR?				
	OF INJURY MHILE AT NOT WHILE MORK AT WORK						
Plecia	22. I hereby certify that I attended the deceased from		6. 12. 1953, that I last saw the				
FITE & esp	deccased alive on 26./2, 19 53. and that death occu	erred at 8:15 Pm., from the	causes and on the date stated above				
E B	23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED				
200	24A. BURIAL, CRENA- 24B/DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D, LOCA	ATION (City, town, or county) (State)				
ASE ct	24a. BURIAL, CREMA- 246/DATE 24c. NAME OF CEMET TION, REMOVAL (Specify) 2/16/53 Woodlawn Cem.		dlawn, Md.				
PLEASE correct a	DATE RECEIVED BY REGISTRAR'S, SIGNATURE	25. FYNERAL PREGTOR	Appress				
P 00	LOCAL REGISTRAR	12/6m to who	ener Home				
	VS 150	10000	at Onal				
		(Se	WW 17, "Ma.				

BALTIMORE CITY HEALTH DEPARTMENT

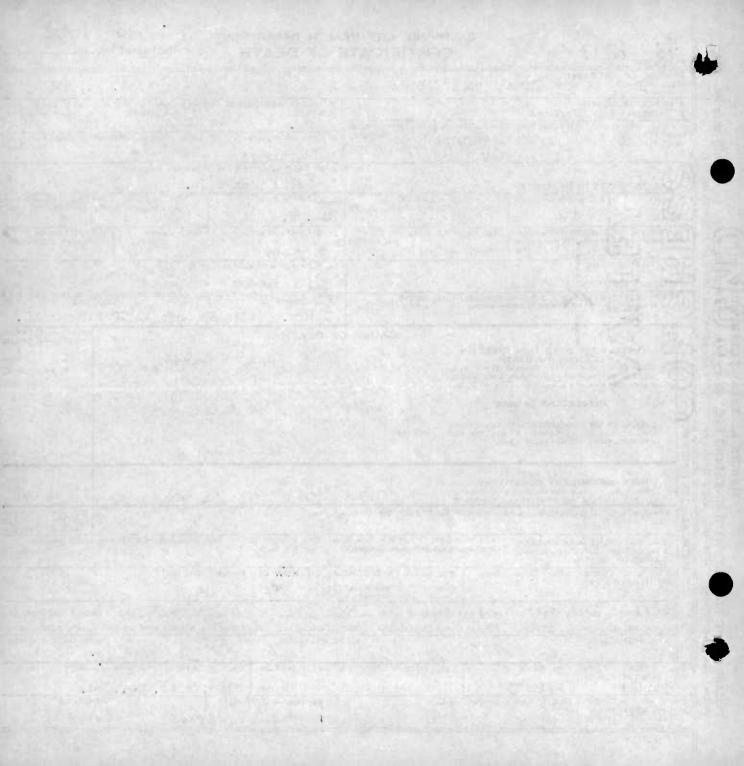
S	+	262	201		BAI			ALTH DEPARTMENT			169)1
The	8	BIRTH NO. CERTIFICATE OF DEATH Registe										
·pe		NAME OF D	ECEASED	J	. SCOT	r shugars			2. DATE OF DEATH	Feb.	13, 1	1953
ppli		S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Melchor Nursing Home Yrs. Mos. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.						4. USUAL RESIDENCE (Where deceased li- B. COUŅ			esidence admission)
ully supplied.	H							c. city or town (E Baltimore	f outside corporat	e limits,	fid BURN	Wand give township)
legio	c,							209 W. 29th St	rural, give locati	on		
VDING information should be considered of death clearly and legicity		male	white		MIDOM		T	B. DATE OF BIRTH Oct. 18, 1880	9. AGE (In ye last birthda	ars If Under y) Months		Under 24 Hours ours Min.
on sho clearl	wor	A. USUAL OC k done during most Salesm	of working life, e an	(Give kind of even if retired)		Clothing r	STRY			12.	CITIZEN WHAT C	OF COUNTRY?
NG rmati death	13	James :	NAME Shugars					Rlice Louise M				
R BINDING	(Ye	5. WAS DECEAS se, no or unknown) NONE	ED EVER IN (If yes, gla	U, S. ARMED re war or dates	FORCES? of service)	16. SOCIAL 215-03-469	¥0.	17. INFORMANT Mrs. Helen E. Si	nugars - 2	209 W.		St.
ESERVED FO INK. Every its lease write the	FICATION	(This does heart failu injury or DISEASE:	LEADING inot mean ire, asthenia, complication ANTECEDI S OR CONE HE ABOVE (/ING CONI	NDITION I TO DEAT the mode of etc. It mean n which cs ENT CAUSI DITIONS, IF CAUSE (A)	H dying, e.g s the diseas sused death ES ANY, GIVIN	e, DUE TO		tensiel	cor	j	7*	ND DEATH
H U	L CERTI	TRIBUTING	IGNIFICAN TO THE DI ISEASE OR	II IT CONDITION CONDITION ION 19	CAUSING I	ロナトアメア	**********	sclarotic h	earto	dis.	20. AU	TOPSY1
Y, WITH	MEDICA	21A. ACCID LYING OF	R CONTRIE			ACE OF INJURY (farm, factory, street, office			If in Baltimore	City, give	exact loc	ation)
	-	21D. TIME OF INJURY	(Month) (I	Pay) (Year)			WHILE WORK	D 21F. HOW DID INJUR	Y OCCUR?			
IE PLA		22. I hereb deceased a	live on 2			deceased from and that death	occur 2	, 1957, to red at / m., from to 3B. ADDRESS	the causes and	on the d	late stat	t saw the ed above.
age A	2.	4A. BURIAL, ON, REMOVAL (S	CREMA- 24	B. DATE		M. E 24C. NAME OF CEN		RY OR CREMATORY 24D. L	OCATION (City	, town, or c	county)	(State)
PLEASE correct ag	D.	Burial ATE RECEIVE OCAL REGIST	D BY RE	2/16/53 GISTRAR'S	of my	Cedar Hill	Cer	25 FONERAL DIRECTOR	rooklyn, I		DRESS	
	=	VS 150	WAS I	I becam land	arons 1	49	70	6E	Balt	017	1,11	ud.

UNFADING INK. Physicians: please PLEASE I TE PL. LY, WITH correct age is especially important.

20	0
53	1692
BIRTH NO.	TOOL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

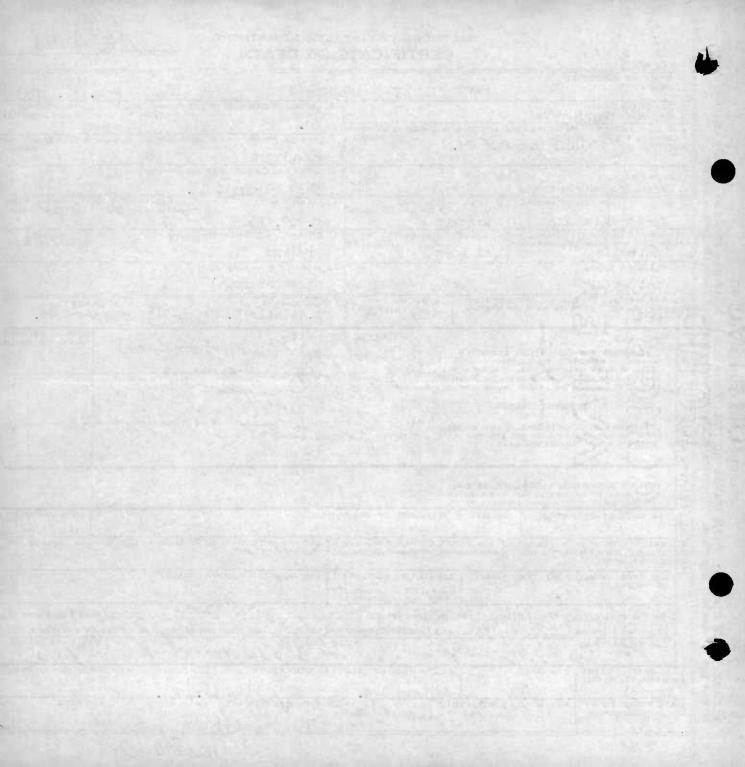
Bi	RTH NO.	C/4						
	NAME OF D ype or Print)		ARD GASS	SAWAY		2. DATE OF Feb	. 13, 1953	
	PLACE OF D. Baltimore C	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)			
	FULL NAME			ion, give street address or location)			16	
	STITUTION			rug Home		outside corporate lim	write RURAL and give township)	
1/2	0	1802 Et	taw Pla		Baltimore			
				Yrs. Mos.	D. STREET ADDRESS (If			
-		tay in Baltimore		Days	2701 Howard	St.		
11	SEX	6. COLOR DR RACE	7. SINGLI WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	onths: Days Hours Min.	
	ale	white	W	idowed	Mar. 4, 1864	00		
work	A. USUAL OC doneduring most o	CUPATION (Give kind of f worklog life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	retire	d Seafood Mer	chant .	- Self Emp.	Maryland		WINT COOKINI	
13	. FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	AME		
E	dward Gas	ssaway			Alice Taylor			
15	. WAS DECEASE	D EVER IN U. S. ARME! (If yes, give war or date	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(10	none	(11 yes, give war or date	s or service)	SECURITY NO.	Mrs. Lottie M			
	10 /	- 1		CALISE	OF DEATH	ounter - LLL	INTERVAL BETWEEN	
	7	E OR CONDITION	DIRECTIV	CAOSE	0 DEATH	0	ONSET AND DEATH	
		LEADING TO DEAT	TH	Paris	to Consumer &	In a Vienia	- Time D. T	
	heart failui	not mean the mode ore, asthenia, etc. It mea	ns the diseas	e, 0 +	a windy	Lauren	- WHILLECARE	
	injury or	eomplication which	aused death	.) DUE TO USIL	rescleratio CN. D.			
		ANTECEDENT CAUS	SES	sen	alety Gusiantes Willate glass			
Z	DISEASES	OR CONDITIONS, I	F ANY. GIVIN	(B)	/ 000000	oc jovinus	Non	
Ě	RISE TD TI	HE ABOVE CAUSE (A)	STATING TH	E DUE TD				
15	ONDERE!	INTO CONSTITUTE E	31.	(C)		***************************************	*********	
E		11						
ERTIFICATION		IGNIFICANT CONDI			11-	+ - 0-	1 10	
		SEASE DE CONDITION			upper sesperi	Mon Misec	low 4 days.	
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 7							
EDICAL		ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	n or 21C. WHERE DID (I INJURY OCCUR?	f in Baltimore City,	give exact location)	
Σ		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?		
	OF INJURY	(===, (===,		WHILE AT NOT WHILE				
			m.	WORK AT WORK		4 0		
					tel., 1953, to 1			
deceased alive on 13 Fell., 1953, and that death occurred at 6 A.m., from the causes and on the date stated								
	23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED							
	toseph (1/11/20 NM.O. 5 VEST 29 Phot. (18) 13 tel. 53.							
	24a. BURIAL, CREMA- 24b. DATE 24c. NAME of CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)							
	Burial	2/16/53	3	Gunpowder Bap	tist Church Elko	,Balto. Co.	Md.	
	TE RECEIVE		SSIGNATU	IRE	25 FUNERAL DIRECTOR	10/-	ADDRESS	
	FFB14	1959 11 1	-ton	14/A 100 76 7	I'm. I Vial	ener Vi	AMS	
	VS 150		1	0 0		1 1	Mal	
			*		/	Voatto	17. 1000.	
						~~~~	11	



16.	3	
53	1	693
BIRTH NO	ο.	
1. NAME (Type or I	OF rint	DECEA!

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

~    ~	1. NAME OF DECEASED 2. DATE								
	(Type or Print) KATHERINE WEBER LAU	UBERT DEATH Feb. 12, 1953							
	3. PLACE OF DEATH:  a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)							
	B. FULL NAME OF (If not in hospital or institution, give street address or	Md.							
	HOSPITAL OR INSTITUTION 3410 Edgewood Rd.	C. CITY OR TOWN (If outside corporate lights, write RUFAL and give							
	A-0	Baltimore ( township)							
	Yrs.	D. STREET ADDRESS (If rural, give location)							
	c. Length of stay in Baltimore  Mos. Days	3h10 Edgewood Rd.							
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years   Under I Year   II Under 24 Hours							
	female white widowed (Specify)	Nov. 10, 1865 last birthday) Months Days Hours Min.							
	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF							
"	ork done during most of working life, even if retired) at home INDUSTRY	Maryland WHAT COUNTRY?							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	John Weber	Margaret Ruehl							
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) NONE  (If yes, give wer or dates of service) NONE  16. SOCIAL SECURITY NO.	Mrs. Austin B. Maton-3410 Edgewood Rd.							
	18. 3 3 2 X . CAUSE C	OF DEATH							
	DISEASE OR CONDITION DIRECTLY	onset and Death							
	(This does not mean the mode of dying, e.g., (A)	An and a							
	heart fallure, asthenia, etc. It means the disease,	Hyperteurine							
	injury or complication which caused death.) DUE TO writer to release								
	ANTECEDENT CAUSES	word T							
1	DISEASES OR CONDITIONS, IF ANY, GIVING								
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	melely							
	(C)								
	í -								
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (G)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	TRIBUTING TO THE DEATH, BUT NOT RELATED								
1		ATION							
	198. MAJOR FINDINGS OF OPERA								
	21a. ACCIDENT WAS UNDER:   21B. PLACE OF INJURY (e.g., in	or 21C. WHERE DID (If in Baltimore City, give exact location)							
	21a. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., ed	injury occur?							
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	21F, HOW DID INJURY OCCUR?							
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK								
		101 10 Del 12 102							
	22. I hereby certify that I attended the deceased from	1950, to 200 /2, 1953, that I last saw the							
	deceased alive on 2cl- 12, 1953, and that death occur								
	23A. SIGNATURE WILLY M. D. 24	3033 W KONTUN 236 DATE SIGNED							
	24A. BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
	Burial 2/16/53 Western Cem.	Belton, Md.							
	LOCAL DECICEDAD	25 UNERAL DIRECTOR CAN ADDRESS							
	FFR 410-13	Jim. J. Jickner & Ans							



## BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.	104		CERTIFICAT	E OF DEATH	Registered.	No.	
1.	NAME OF E	DECEASED	SARA RI	EBECCA REESE		2. DATE OF T	17	
Α.		City, Maryland			A. STATE	E (Where deceased lived. If	13, 1953 Institution: residence before admission	
H	SPITAL OR	The Gunder Frederick Rd	Sonitar			(If outside corporate limi	ts, write RURAL and giv	
c.		stay in Baltimore	89	Yrs, Mos. Days	300 Death and	(If rural, give location)		
	F	6. COLOR DR RACE	wide	E, MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH 9-24-1663	9. AGE (In years last birthday) Mo	if Under 1 Year If Under 24 Hours Onths Days Hours Min.	
		CCUPATION (Give kind of working life, even if retired to the control of the contr	f 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY	
13	. FATHER'S		iav mont	9	14. MOTHER'S MAIDE	N NAME		
	Nicholas	T. Manly			Rebecca Simo	coe	/	
15 (Ve	. WAS DECEAS	ED EVER IN U. S. ARMI	D FORCES?	16. SOCIAL	17. INFORMANT	Rodgers Forge BAPA	DDRESS	
-	s, no or durnowny	(17 your Bree was or day	or correct	SECURITY NO.	Miss Para Reese		Rd, B. Himore, Md	
ERTIFICATION	(This doe heart failt in jury or DISEASE RISE TO UNDERL OTHER STRIBUTIN TO THE I	SE OR CONDITION LEADING TO DE, so not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAL SOR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION I  SIGNIFICANT CONIG G TO THE DEATH, BUI DISEASE OR CONDITIO	ATH of dying, e.; ans the disease caused death JSES IF ANY, GIVII ) STATING TI AST. DITIONS CDIT NOT RELAT	(A)  Se, (A)  Se, (B)  (B)  (C)  (C)  (C)  (A)  (C)  (C)  (C)  (C	la fluenza terioscleratic cen abetes mellitus	rebrel Vasular disoas	2 days Years	
AL	19A. DATE (	OF OPERATION	19B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?	
MEDICAL	HOMICIDE	ENT, SUICIDE, (Specify)  (Month) (Day) (Yea	about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)	
	OF INJURY			WHILE AT NOT WHILE WORK				
	22. I hereby certify that I attended the deceased from September 22, 1949, to February 15, 1952, that I last saw th							
			, <u>19_55_</u> ,	and that death occu	rred at 8:30 Am., fre	om the causes and on t		
	23A. SIGNA	h 11			23B. ADDRESS	** * * * * * * * * * * * * * * * * * *	23c. DATE SIGNED	
	Ray			м. р.	The Tundry Santary	_ Celtrol, belto 29, Me	2-13-53	
TI	on Removal (Burial	CREMA- 24B. DATE 2/16/5	3	Elkton Cem	(P)	Elkton, Md.		
	ATE RECEIVE		S SIGNATU	BE ON BALLEY !!	29 FUNERAD PIRECT	Violance 14	ADDRESS	

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53 1695

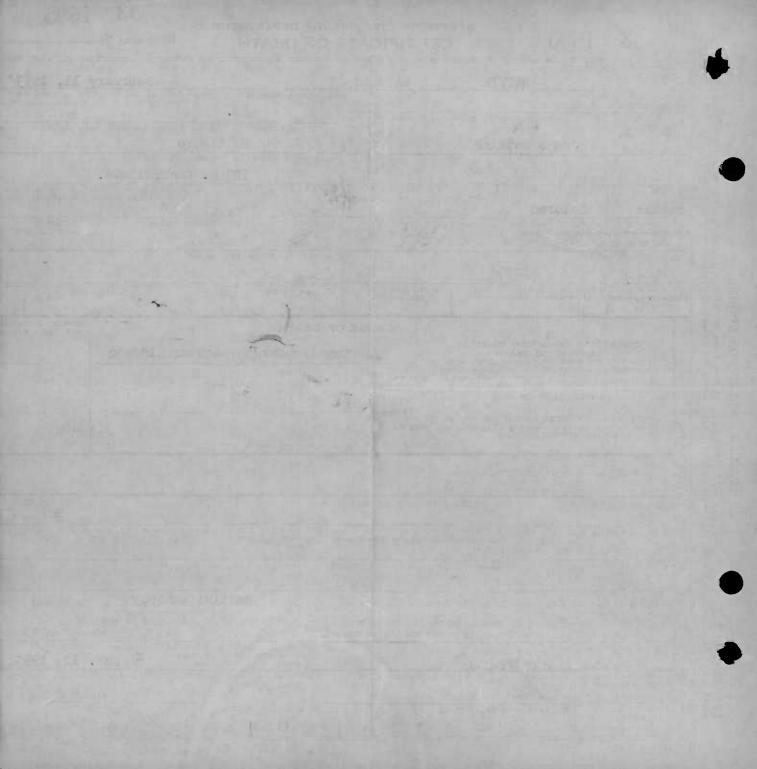
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1695

Registered No.__

11297. Carrline

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE
HATTLE BATTLES	DEATHFebruary 11, 1953
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence  A. STATE  B. COUNTY  before admission
B. FULL NAME OF Contact in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Johns Hopkins	Baltimore township
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	127 N. Central Ave.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) # Under 1 Year   # Under 24 Hours
Female Colored WIDOWED, DIVORCED (Specify)	74,26 1902 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of OB. KIND OF GUSINESS OR work dope during most of working life, gven if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Arusewile	Rocker Mr. n. C WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Carroll Baule	Faskell.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT A ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Junio Elizado Torkand no
18. 44.4 2 V CAUSE	INTERVAL BETWEEN
7751	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH HYDERY	ensive Cardiovascular Disease
heart failure, asthenia, etc. It means the disease.	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	
1	YES X NO
218. PLACE OF INJURY (e.g., in underlying and one contribution of cause of death.	
2 1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m.   WORK   AT WORK	namial autonom
22. I certify that I took charge of the remains described a	hove, held an autopsy thereon and from Autopsy, Inspection or Inquiry
	nquiry, find that said deceased died on the day stated above $\mathbf{X}$ accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER
24A. BURIAL, CREMA- 24B. DATE   24C NAME OF CEMETER	D. MEDICAL INVESTIGATOR
TION BEMOVAL (Specify)	(State)
Beneval +24/4/33	young mount 1.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR . ADDRESS



before admission)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

STATE THE PARTY AND ADDRESS. melya (neval) CREEKING COOKS. Straight to the straight to Succession and a little of

DATE RECEIVED BY LOCAL REGISTRAR

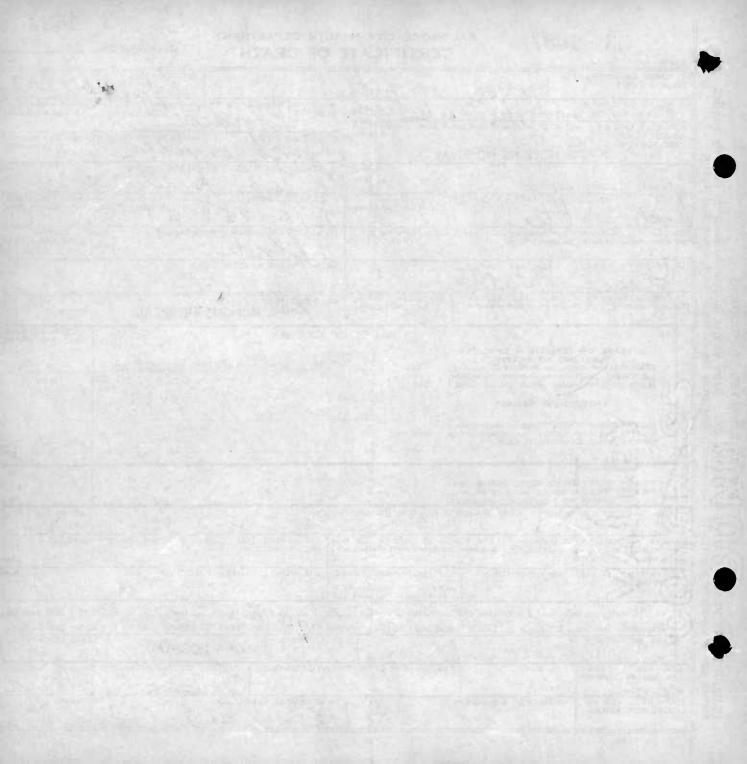
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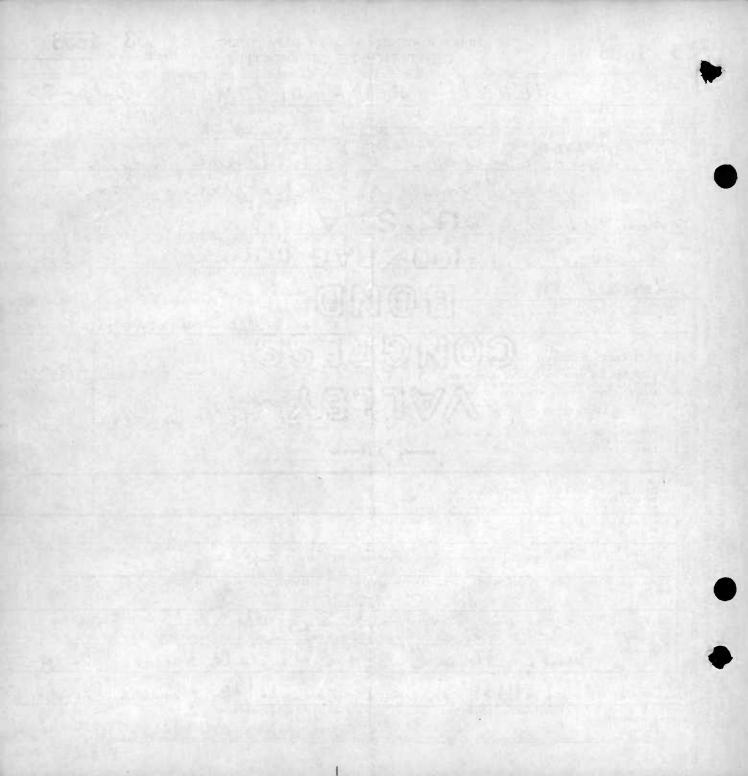
SIGNATURE

BIRTH NO.	
1. NAME OF DECEASED Goyce Whitn	ey 2. DATE OF DEATH US: 13-1953
S. PLACE OF DEATH:  A. Baltimore City, Maryland The Oren Rus Sh  B. FULL NAME OF (If not in hospital or institution, give street didress or	J. USUAL RESIDENCE (Where deceased lived If institution, residence B. COUNTY before admission
HOSPITAL OR INSTITUTION  OCHNS HOPKINS HOSPITAL	
Yrs. Mos.	D. STREET ADDRESS (Iteraral, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years If linder I Year If Under 24 Hours Min Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTAPLAGE (State or foreign country)   12. CITIZEN OF
13. FATHER'S NAME Walters	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS ADDRESS HOPKINS HOSPITAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  Mutual Slenous & Interval Between Conservation of the	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 19B, MAJOR FINDINGS OPERATION 19B, MAJOR FIN	ital commissional 120. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
Zid. Time (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from \( -\) 28 1913, to 2-13, 1953, that I last saw to deceased alive on 2-13, 1953, and that death occurred at \( \frac{1}{2} = \frac	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION City, town, or country (State	
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	20 FUNERAL DIRECTOR ADDRESS 202

IE PLA Y, WITH Is especially important. correct age PLEASE W

MARGIN RESERVED FOR BINDING





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Je V	1	53 16 IRTH NO.	99	BAI		E OF DEATH	Registered N	
	1.	NAME OF D		e M. I	la m des		2. DATE OF TO a b	14 1057
supplied		PLACE OF D	EATH: City, Maryland	3 Me L	andy.	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	
ly suj	H	FULL NAME OSPITAL OR NSTITUTION	OF (If not in bospit	al or institut	ion, give street address or location)		outside corporate limits	, write RURAL and give
fully ribly.	1	-()	3136 Kesw:	ick Ro	Yrs.	Baltimore D. STREET ADDRESS (If a	rural, give location)	02,000
d be fundamental day.	-	Length of s	tay in Baltimore			3136 Keswic	k Road.	Under 1 Year   If Under 24 Hour
		emale	White CUPATION (Givekind of	Wido	VED, DIVORCED (Specify)  O OF BUSINESS OR	April 3,1877	75	nths Days Hours Min
QJ 1	wor	HOUS OW	of working life, even if retired)	IOB. KINL	INDUSTRY	Maryland.		U.S.
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info s of	15 (Ye	5. WAS DECEASI	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DORESS
y item of the causes		18. 4	20 0   SE OR CONDITION	OLDECT! V	CAUSE	Mrs.Freudenmye Of DEATH	P. 5155 T11	INTERVAL BETWEE
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P		injury or	eomplication which c		L) DUE TO	terio 9 el		
INK.	NOIL	RISE TO T	S OR CONDITIONS, IF	STATING TI	(B)	sisteris sec	O-t	0 - 1
ADING icians:	FICA	UNDERLY	ING CONDITION LA	ST.	e	aveve 70	Kewlee'	ware,
UNFADING Physicians:	CERTI	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATI	ED PRIEN	mator ar	thirte	25/1
	AL	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY7
LY, WITH important.	LEDIC		PENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., if arm, factory, street, office bldg.,		f in Baltimore City, g	ive exact location)
II	2	210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		OCCUR?	ALEXE I
re Pr especia		22. I hereb	A A .A.M.	ended the	deceased from	rred at 12, 25 m., from th		that I last saw the
IS		23A. SIGNA		10%		23B. ADDRESS	læle,	23c. DATE SIGNED
ASE ct ag		4A. BURIAL, CON, REMOVAL (S		153	Moreland P		CATION (City, town,	
PLEASE correct ag		ATE RECEIVE OCAL REGIST	D BY   REGISTRAR	Jun 1	IRE	25. FUNERAL DIRECTOR	lor Ave, Md	ADDRESS
	-	VS 150	213			water ( Att Carre	10000 40 10	The

2781, DI 00 LINE Route M. Lungr. JESO Monthes Road. Seltimore. Side Corvict Road. THE LOW STATE . wohly western .brsfygel with the same of t in . Proudemmen. 5188 Tilden Teire. . Diff. ove malval - Lorent Barational Selvi des fried

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1700 Registered No

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PLEASE correct age

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(T)	ype	or	Print	:)		

BERTHA LEVIN

DEATHFeb. 15,1953

2. DATE

3. PLACE OF DEATH: A. Baltimore City, Maryland

A. STATE Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or INSTITUTION

Yrs. Mos. c. CITY OR TOWN Baltimore. (If outside corporate limits, write RURAL and give township)

St. Joseph's Hospital

20 yrs

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE

Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)

826 Abbott Court - 2 8. DATE OF BIRTH 9. AGE (In years)

Femal a White 10A. USUAL OCCUPATION (Give And of work detailed and during most of working life, even if etired) 10B. KIND OF BUSINESS OR INDUST

Married

11. BIRTHPLACE (State or foreign country) INDUSTRY Hungary

12. CITIZEN OF WHAT COUNTRY?

use week ER'S NAME

1B.

16. SOCIAL

14. MOTHER'S MAIDEN NAME

ADDRESS

If Under 1 Year last birthday) Months Days Hours Min.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown)

SECURITY NO.

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Uremia Chronic glomerulo-nephritis DUE TO

Congestive Heart Failure

DUE TO

Generalized C.V.D.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or

21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location)

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21A. ACCIDENT WAS UNDER-

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

NOT WHILE

deceased alive on Feb. 15

22. I hereby certify that I attended the deceased from Feb. 12 th, 1953, to Feb. 15, 1953 that I last saw the

1953 and that death occurred at 2:30a m., from the causes and on the date stated above.

23A. SIGNATURE

1400 N. Caroline Street - 13 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

BURIAL, CREMA-REMOVAL (Specify)

24B. DATE

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

20. AUTOPSY

Feb. 15.19

Mary Charlet were the

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	Every item of information should be	especially important. Physicians: please write the causes of death clearly and legibly.	
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	UNFADING	Physicians:	
	LY, WITH	important.	
	RITE PI	Is especially	
	PLEASE.	correct age	

53 1701

0	DO 1.01						
В	RTH NO. CERTIFICAT	E OF DEATH Registered No.					
	NAME OF DECEASED ROSE OBERTIER	2. DATE OF DEATH 2/14/53					
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission					
H	FULL NAME OF (If not in hospital or institution, give street address o location STITUTION S was less than the location l						
c.	Length of stay in Baltimore 39 Yrs.  Days	D. STREET ADDRESS (If rural, give location)  3625 Rose Lals Rd					
5.	SEX   6. COLOR OR RACE   7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH  9. AGE (In years it Under I Year Hours Min.    Months Days Hours Min.					
wor	A. USUAL OCCUPATION (Give kind of a dome during most of working life, even if retired)  NOW!  INDUSTR'	11. BIRTHELACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY					
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
15 (Ye	(If yes, give war or dates of service)  (If yes, give war or dates of service)  (If yes, give war or dates of service)	Mrs Oscar Heigh-3625 Preder le, Rd					
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Ebro Vascular Accident Turs days entensise Cardia vascular Dis. 10 po					
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	nephosderons 10 yrs					
SAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						
MEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.						
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT WORK NOT WHILE AT WORK	<u> </u>					
	22. I hereby certify that I attended the deceased from the deceased alive on the old 19. 19. 3. and that death occur	b. 14, 1953, to Feb. 14, 1953 that I last saw the					

23A. SIGNATURE

13 TU

238. ADDRESS

23c. DATE SIGNED

(State)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24B. DATE

24c. NAME OF CEMETERY OR CREMATORY Deela

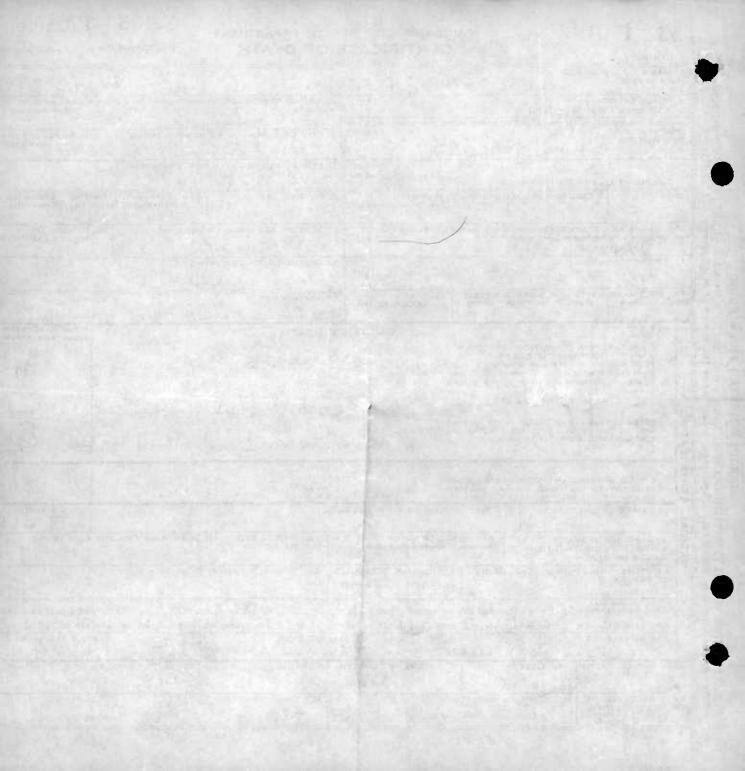
24D. LOCATION (City, town, or county)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

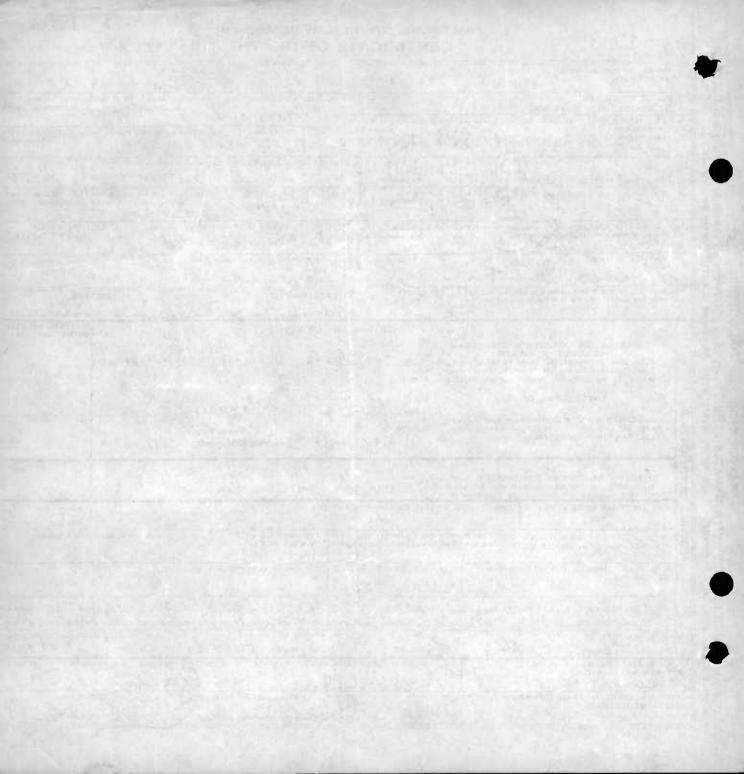
ADDRESS



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1	BALTIMORE CITY H	EALTH DEPARTMENT 53	1703				
	3 1703 CERTIFICAT	E OF DEATH Registered No.					
	NAME OF DECEASED Rasalie Seamen	2. DATE OF DEATH 2 - /	4-53				
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission				
H	STITUTION Sinci Hospital location		vrite RURAL and give				
c.	Length of stay in Baltimore  Yrs.  Mes.  Days	D. STREET ADDRESS (If rural, give location)  2225 E. Baltimore	st. # 31				
	SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years) If lind					
nrk	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT COUNTRY				
13	Morris Cohen	14. MOTHER'S MAIDEN NAME					
1 5 Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADD	RESS				
MOLLANIA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	tral Stenosis  Latic Heart disease					
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	remie					
4	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	YES NO				
MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, nflice bldg., CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, nflice bldg., CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, nflice bldg., CAUSE OF INJURY OCCURR OF INJURY	RED 21F. HOW DID INJURY OCCUR?	exact location)				
OF INJURY  m. WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 12/29/52, 19, to 2/13, 1952, that							
	deceased alive on 2/13, 1953, and that death occur 23A. SIGNATURE  WALLE ALIVER  M. D.	rred at 4. 50 cm., from the causes and on the	date stated above 23c. DATE SIGNED 2/14/53				
3/4	A. BURIAL, CREMA- 24B, DATE 24C, NOME OF CEMETE N, REMOVAL (Specify)	ery or CREMATORY 24d. LOCATION (City, town, or	county) (State)				
LC	TE RECEIVED BY REGISTRAR'S SIGNATURE		Clare /				



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	)3		EALIH DEPARIMENT	
	ВІ	RTH NO. 52-13307 CERTIFICAT	E OF DEATH Registered No.	
		NAME OF DECEASED Baly Mariorie Sm	ith   2. DATE OF DEATH 2-12	2-1953
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst.	itution: residence before admission)
	В.	FULL NAME OF (If not in hospital or institution, give street address of	margland AA	5
		STITUTION ST. Hanes Hoshital location)	c. CITY OF TOWN (If outside comporate limits, wi	rite RURAL and give township)
		Yrs.	D. STREET ADDRESS (If rural, give location)	0
		Length of stay in Baltimore Mos. Days	U.S. Have Ac	coloning
	1	sex 6. COLOR OF RACE 7. SINGLE MARRIED. WIDOWED, DIVORTED (Specify)		1
	10A. USUAL OCCUPATION (Give kind of work done during not of working life, even litetired)  10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) INDUSTRY			
	13	FATHER'S NAME O	14. MOTHER'S MAIDEN NAME	7
		Charles Smith	Betty You Hebder	_ /
,	15 (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17 INFORMANT ADDR	RESS
			6 hules & Amy The U.S. Havel	Bl cadernes
		18: 49/ X CAUSE	OF DEATH	INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease	John Markey Red.	***************************************
		injury or complication which caused death.) DUE TO	ronahophlumonea	
		ANTECEDENT CAUSES		
	No l	DISEASES OR CONDITIONS, IF ANY, GIVING		
4	F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
	D.	(C)		***************************************
1	RTIFICATION	No. 11		
	Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
•	U	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OPERATION   19B.		20. AUTOPSY?
	AL	0		YES NO
To a diameter	<b>1EDICA</b>	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.		exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
		WHILE AT NOT WHILE M. WORK AT WORK		
		22. I hereby certify that I attended the deceased from.	2-12 , 1923 to 2-12 , 1953tl	hat I last saw the

deccased alive on 2 -12, 195 3 and that death occurred at 1/25 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

(State)

M. D 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 248, DATE 24c, NAMEROE CEMETERY OR CREMATORY

buren

DATE RECEIVED BY LOCAL REGISTRAR ADDRESS 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

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egistered	No.			

ADDRESS Shoules M

9	):	1 2 2 2 3 2	ATE OF DEATH	Registered No.
d. Tr	1.	NAME OF DECEASED WILL & BERN	no.	DATE OF FLU-14 1953
lly supplied	A.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street andre	USUAL RESIDENCE (Where	e deceased lived. If institution, residence B. COUNTY before admission
ally s	H	OSPITAL OR locat		ide corporate limits, write RURAL and giv
calegibi	c.	Tours of the Day	rs. D. STREET ADDRESS (If rural lays)	l, give location)
should be early and l	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sp.	ecify 8. BATE OF BIRTH 9.	AGE (In years   H Under   Year   If Under 24 Hours   Min
on shou clearly	1 C	DA. USUAL OCCUPATION (Give kind of k done of property in the control		n country) 12. CITIZEN OF WHAT COUNTRY
rmatic	13	B. FATHER'S NAME VOGIL	14. MOTHER'S MAIDEN NAME	in ,
of information uses of death cle	15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL  SECURITY N  Out	o. 17. INFORMANT Rowl	1/3 & Lettings St
item of e causes		DISEASE OR CONDITION DIRECTLY	SE OF DEATH	INTERVAL BETWEE ONSET AND DEAT
Every item write the cau		LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	Virus pneumonia	one week
,	z		Pulmonary tuberculo bilateral.	
NG INK.	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
UNFADING Physicians: 1	RTIFIC	II OTHER SIGNIFICANT CONDITIONS CON-		
	CEF	TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONCITION CAUSING IT.	PERATION	i 20, AUTOPSY?
WITH rtant.	EDICAL	21a. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (6	o.g., in or   21c. WHERE DID (If in	Paltimore City, give exact location)
Y, WITI	MEL	LYING OR CONTRIBUTING about home, farm, factory, atreet, officed CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCU		CCUR?
PLA ecially		OF INJURY WHILE AT NOT W	ORK L	4 /
TE Per		deceased alive on 2/13/, 19 53, and that death o	courred at/2 m., from the c	4/, 1953, that I last saw that auses and on the date stated above 23c. DATE SIGNED
E age 18	2.	4A. BURIAL, CREMA-1 24B. DATE 124C. NAME OF CEM	l226 Hanove	
PLEASE correct a	_	ON, BEMOVAL (Specify)  ATÉ RECEIVED BY   RÉGISTRAR'S SIGNATURE	Haven 1 25. FUNERAL DIRECTOR	a Ca Go Me
PI		OCAL REGISTRAR	M. Thomas E.	Mus 1140 SR buches M

DIRECTOR

VS 150

S. PLACE OF DEATH

B. FULL NAME OF HOSPITAL OR

13. FATHER'S NAME

INSTITUTION

A. Baltimore City, Maryland

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Givekind of

work done during most of working life, even if retired)

ully supplied.

legibly.

should be

information

of

clearly

Jo

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No_ CERTIFICATE OF DEATH 2. DATE I.I. Calvin Lee Dize 12,1753

	DEATH	412,1753
4. USUAL RESIDENCE	(Where deceased lived. If institu	ution: residence
A. STATE	B. COUNTY	before admission)
Maryland	Balhmore	
C. CITY OR TOWN	(If outside corporate limits, write	e RURAL and give

D. STREET ADDRESS (If rural, give location)

Mosecrolf Tenace

Days

WIDOWED, DIVORCED (Specify)

Yrs. Mos.

INDUSTRY

10B, KIND OF BUSINESS OR

11. BIRTHPLACE (State or foreign country)

It Under 1 Year last birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

14. MOTHER'S MAIDEN NAME

Walk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO

(If not in hospital or institution, give street address or

7. SINGLE, MARRIED

Union Memorial Hosep

ho Welle min CAUSE OF DEATH

17. INFORMANT

ADDRESS SOLME

18. 20.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

6. COLOR OR RACE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

myocardial infaction DUE TO

DUE TO

19B. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

NOT WHILE

OF INJURY

22. I hereby certify that I attended the deceased from February, 1953 to Feb 12 deceased alive on Ftb 12, 1953, and that death occurred at 23A. SIGNATURE

NAME OF CEMETERY OR

m., from the causes and on the date stated above. 23c, DATE SIGNED

, 1953 that I last saw the

BURIAL, CREMA

19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

25 FUNERAL DIRECTOR

24D-LOCATION

35 / 2ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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INK. UNFADING Physicians: p MARGIN

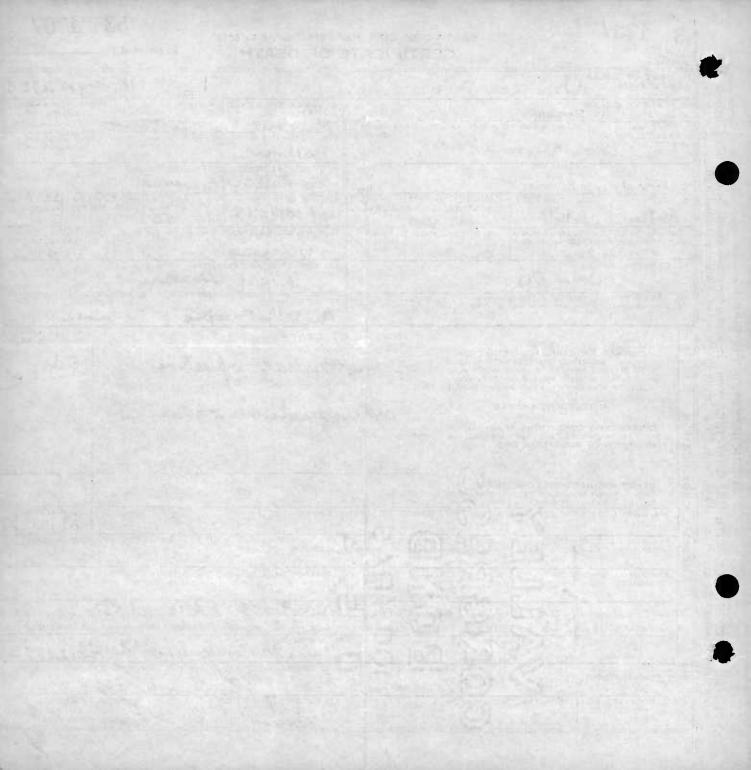
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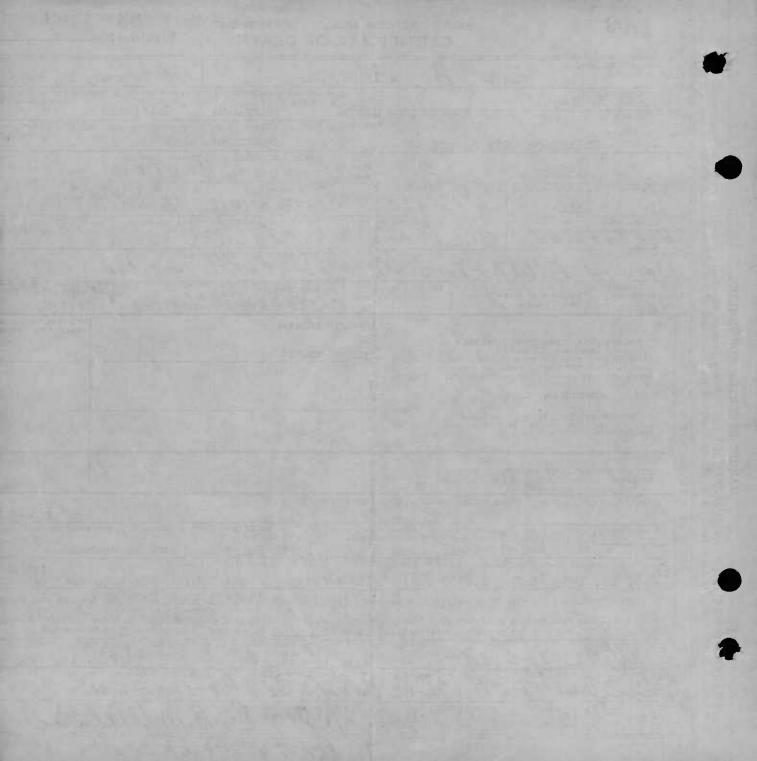
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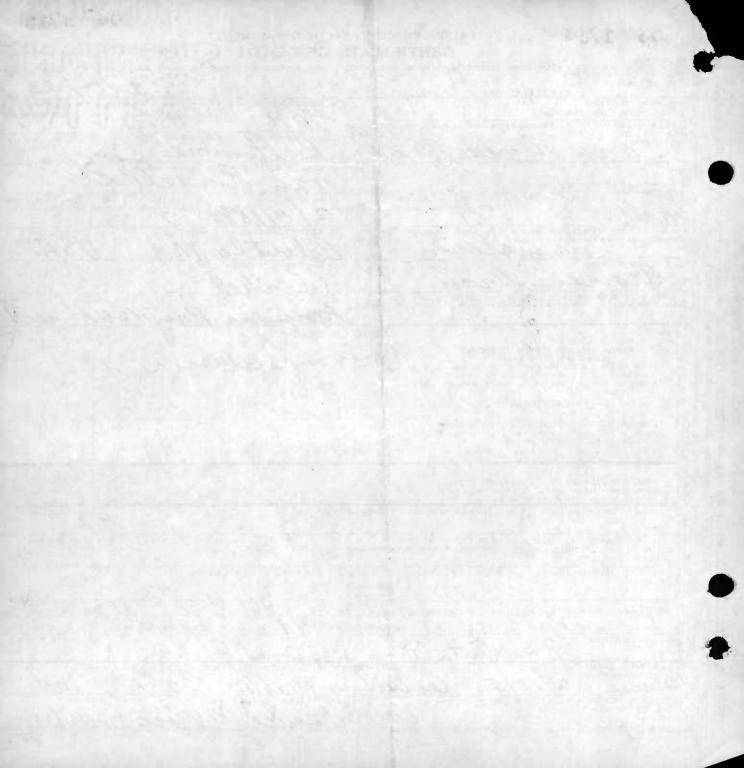
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	0	2 7 6	3.43	DAL	CERTIFICAT	E OF DEATH	Registered	No.	
		RTH NO.			OZKIN ICAI	L OI DEATH			
	(T	NAME OF D ype or Print)	Ed	ward	Holle		2. DATE OF DEATH 2-	12-1953	
	A.		City, Maryland			4. USUAL RESIDENCE	(Where deceased lived. I	f institution : residence before admission)	
	HC	FULL NAME OSPITAL OR	OF (If not in hos)	pital or institut	ion, give street address or		(If outside corporate lim	its, write RURAL and give	
	IN	STITUTION	St, Ag	nes HA	spital	Bati	more of	township)	
LEG TO	c.	Length of s	tay in Baltimore		Yrs. Mos. Days	2377 60	If rural give location	One	
	5.	SEX	6. COLOR OR RAC		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours	
2 64		call	CUPATION (Give kind	me	med	5-12-1865	87	Ionths Days Hours Min.	
rear	work	done during most	working life, even if retire	ed)	OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY	
113	13	. FATHER'S N		.,,,,,		14. MOTHER'S MAIDEN	NAME	1.0.11.	
non		Jul vis	ttolle			WilhelmeNa	E KUNNE 9	rnda	
5	15 (Yes	, no or unknown)	D EVER IN U. S. ARM (If yes, give war or de	ED FORCES? ates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	- 1128 W	ADDRESS	
2		No				LILKIAN NAF	BALTIN	oro Sti	
Can		18. 4 x	2.1		CAUSE	OF DEATH		ONSET AND DEATH	
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
ند پ		(This does heart failu	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
		injury or complication which caused death.) Due to Z. 570. 6.6							
	ANTECEDENT CAUSES							48 39 h. 179	
Can	TION	DISEASES OR CONDITIONS, IF ANY, GIVING							
2	AT	UNDERLY	HE ABOVE CAUSE (A	A) STATING TH LAST.	C=	. C. V. D.			
CIT	U				(C)	anchial on	with the Charles Com		
1	RTIF	OTHER C	II SON	DITIONS					
2 2	ш	TRIBUTING	IGNIFICANT CON	T NOT RELATE	D				
1	U		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?	
5	CAL		0					YES NO X	
20400	EDIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING[		CE OF INJURY (e. g., arm, factory, street, office bldg.,	in or 21c. WHERE DID otc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)	
	Σ	21D. TIME (	Month) (Day) (Yes	ar) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJU	RY OCCUR?		
2		OF INJURY		m.	WHILE AT NOT WHILE WORK				
		22. I hereb	y certify that I a	ttended the	deceased from 2	- 6 1953, to_	2-12, 19	3, that I last saw the	
100		deceased al	ive on 2-12	, 1953,	and that death occu	rred at 17, M.m., from	the causes and on	the date stated above	
2		23A. SIGNAT	TURE	Cot.		23B. ADDRESS	sital	23c. DATE SIGNED	
.9.	24	A. BURIAL, C	REMA- 245 DATE	illn,	M. D.   24C. NAME OF CEMETE		LOCATION (City, town		
2	TIC	N. BENOVAL (S	pecify Feb	12.1953	Lordon	PARK B	ALTO MAN	rvland	
1		ATE RECEIVE		R'S SIGNATU	IRE - ()	25 FUNERAL PIRECTOR	?	ADDRESS	
3		CAL REGIST		1 2 5	1615 0	8 4	8003	512 FrederickA	
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(Yes, no or naknown)

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UNFADING Physicians: p

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# BALTIM

BALTIMORE CITY HE CERTIFICATE		5.	3 1711 No
y L. (Harry) Alle	n Sr.	2. DATE OF DEATH P &	b. 13/53
or institution, give street address or location)	4. USUAL RESIDENCE (WA. STATE Md. • C. CITY OR TOWN (If a	here deceased lived. If B. COUNTY	f institution: residence before admission) ts, write RURAL and give
ington Rd.	Balto. D. STREET ADDRESS (If r	1600	township)
ife Mos. Days	838 N. Woodin	gton Rd.	
	8. DATE OF BIRTH  Oct. 27, 1886	66	If Under 1 Year If Under 24 Rous onths Days Hours Min.
10B. KIND OF BUSINESS OR INDUSTRY  3.Hoffberger Co.	Balto. Md.		12. CITIZEN OF WHAT COUNTRY
1 OIL BURGER (Rgs	14. MOTHER'S MAIDEN NA Mary C. Broo		
forces? 16. SOCIAL SECURITY NO. 213-05-8247	17. INFORMANT Mary E.Allen,	A	doness lington Rd.
CAUSE C	F DEATH		INTERVAL BETWEEN
RECTLY I dying, e. g., (A) ————————————————————————————————————	reboal Anon	regi	2-12-53
(B)	tral Soler	ris	1950
TATING THE DUE TO	Ingrear delis	9	1948
ONS CON- OT RELATED CAUSING IT.			
B. MAJOR FINDINGS OF OPERA	TION		20. AUTOPSY?
21B. PLACE OF INJURY (e. g., in ebout home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If	in Baltimore City,	give exact location)
Hour)   21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	

CATION RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER ā

CAUSE OF DEATH

LYING OR CONTRIBUTING

21D. TIME (Month) (Day) (Year) (Hour) 21E. NOT WHILE WHILE AT WORK AT WORK

22. I hereby certify that I attended the deceased from. and that death occurred at y deceased alive on .... 23A. SIGNATURE

Feb.16.1953

24B, DATE

Henry L.

(If not in hospital or institution, g

6. COLOR OR RACE

W.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

7. SINGLE, MA WIDOWED, I

C.Hoffbe

19B. MAJOR FIN

1/24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY

l	Burial
	DATE RECEIVED BY
l	LOCAL REGISTRAR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

OF INJURY

New Cathedra] REGISTRAR'S SIGNATURE

Balto. Md.

1950 to Fef. 13 , 1953, that I last saw the

m., from the causes and on the date stated above.

ADDRESS

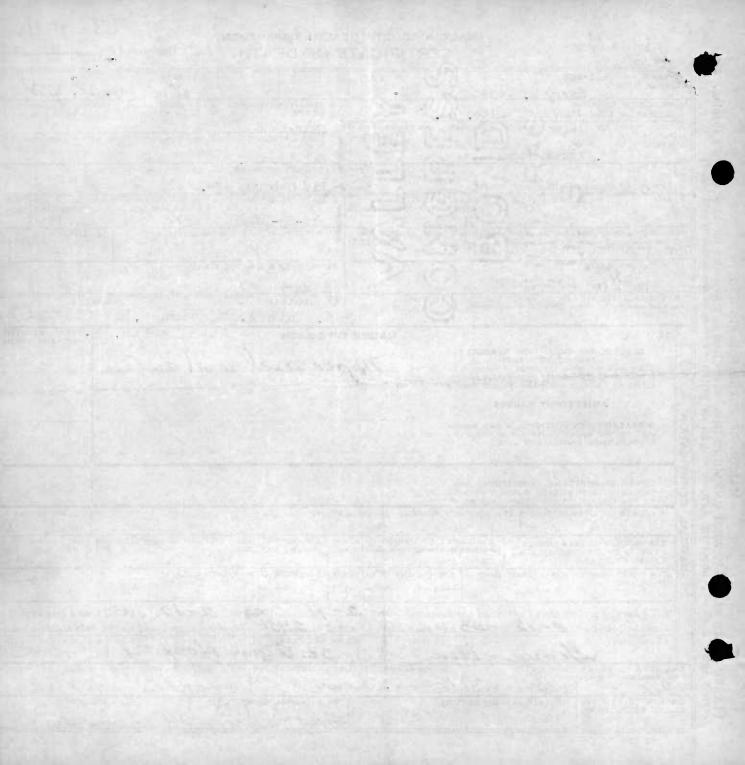
23c. DATE SIGNED

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Edmondson Ave.

MARKET STATE OF THE STATE OF 

	В	53 1712 RTH NO.			EALTH DEPARTMENT E OF DEATH	Registered	53 1712 No.
e cally supplied. The legibly.	(1	NAME OF DECEASED ype or Print)  Harry S.	Constance	Sr.			b. 12, 1953
	B. H	OSPITAL OR STITUTION	Balto. Md.	rive street address or location)	4. USUAL RESIDENCE (VA. STATE  Maryland  C. CITY OR TOWN (In	B. COUNTY.	if institution: residence before admission its, write RURAL and give township
	C.	St. Agnes Hospital  Yrs.  Mos. Days			Baltimore D. STREET ADDRESS (If 119 Osborne Ave	4-0	F362
ould be		SEX 6. COLOR OR RAC	WIDOWED,	DIVORCED (Specify)	8. DATE OF BIRTH  10-21-1880  11. BIRTHPLACE (State or f	72	If Under 1 Year Months: Days Hours Min.
tion sh	not done during most of working life, even if retired by Co.  New Amsterdam Ussual ty Co.			INDUSTRY	Md/ 14. MOTHER'S MAIDEN N		12. CITIZEN OF WHAT COUNTRY
BINDING of information should be uses of death clearly and	15 (Ye	Theodore Consta	MED FORCES?   16	SOCIAL SECURITY NO.	Mary 17. INFORMANT 18. Ruth A. Co		ADDRESS 19 Osborne A
ESERVED FOR INK. Every item lease write the car	ICATION	DISEASE OR CONDITION  LEADING TO DI (This does not mean the mod heart failure, asthenia, etc. It r injury or complication which  ANTECEDENT CA  DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION	EATH e of dying, e.g., neans the disease, caused death.)  USES  I IF ANY, GIVING A) STATING THE	5	ocardial ren		NTERVAL BETWEEN ONSET AND DEATH
MARGIN EUNFADING Physicians: p	MEDICAL CERTIFI	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BY TO THE DISEASE OR CONDITI	ON CAUSING IT.				
LY, WITH		19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER LYING□ OR CONTRIBUTING	. 218. PLACE	OF INJURY (e. g., I	n or   21c. WHERE DID (	If in Baltimore City,	20. AUTOPSY? YES ND X
		CAUSE OF DEATH  210. TIME (Month) (Day) (Ye OF INJURY			ED 21F. HOW DID INJUR	Y OCCUR?	
TE PL		22. I hereby certify that I deceased alive on 2-12 23A. SIGNATURE	attended the dece	that death occur	red at 2:15 m., from to 3B. ADDRESS	2-12, 193 he causes and on Hospital	that I last saw th the date stated above 23c. DATE SIGNED 2-12-53
PLEASE correct age	TI	A BURIAL CREMA 24B. DATE RECEIVED BY COLL REGISTRAR	16/43. U	roodla	RY DR CREMATORY 24D. L	ocation (City, tow	n, or county) (State)  ADDRESS
	=	VS 150	9	45	o 33	-,41016d	ava



4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) (If rural, give location 9. AGE (In years If Under I Year Hours Min. 12. CITIZEN OF 2510 MCHENRY 20. AUTOPSY? (If in Baltimore City, give exact location) . 19 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 240. LOCATION (City, town, or county ENN. ADDRESS wilington VS 150

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53 1/15		E OF DEATH	Registered No.	
BIRTH NO.	CERTII ICAI	E OF DEATH		
1. NAME OF DECEASED (Type or Print) SARAH	KOB LINSKY	SACHE	2. DATE OF DEATH 2/13	5/53
A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI	here deceased lived. If ins B. COUNTY	titution : residence before admission)
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	al or institution, give street address of location	\   -	outside corporate limits, v	vrite RURAL and give
III	Yrs.	D. STREET ADDRESS (If r	ural, give location)	Parameter.
Length of stay in Baltimore	40 Ma. Mos. Days	35722 Park	Leight (	Pac #15
5. SEX 6. COLOR OR RACE White	WIDOWED, DIYORGED (Specify	8. DATE OF BIRTH		der I Year hs: Days   Hours Min.
10A. USUAL OCCUPATION (Give kind of ork doub furing most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY
of Josep Collin St	Eg	14. MOTHER'S MAIDEN NA	ME ~	
15. (WAS DECEASED EVER IN U. S. ARME Yes, no or unknown) (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ROCK	- 1530 ADD	RESS Jutteres
(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which of the complication which of the complication which of the complex of t	ins the disease, caused death.) DUE TO  SES  (B)  STATING THE  DUE TO	5 CV D		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH, BUT	NOT RELATED			
	98. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		in Baltimore City, give	YES NO E exact location)
CAUSE OF DEATH  210. TIME (Month) (Day) (Year) (Hour) OF INJURY  m. WHILE AT WORK  AT WORK  21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 2-14 10-50 2-15, 1953, that I last saw the deceased alive on 2-15, 1953 and that death occurred at 74 m., from the causes and on the date stated above				
23A. SIGNATURE	Ourse M. D.	23B. ADDRESS Her	S.	23c. DATE SIGNED
24A BURIAL, CREMA- TION SEMOVAL (Specify)	53 Bell for	cob- 12a	CATION (City, town, or	ayland
DATE RECEIVED BY LOCAL REGISTRAR	S SIGNATURE	25 FUNERAL DIRECTOR	Bros-1121	26W.
VS 150			No	the Overe

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(71	6	20				
	5	3 1716 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH Registered No	1716		
		NAME OF DECEASED Jacob Kirsh	2. DATE OF Tellow	ory 15/53		
	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If instit A. STATE  Mauland	ution : residence before admission		
	HC	SSPITAL OR STITUTION 2819 Quantico and location)	111111111111111111111111111111111111111	te RURAL and give		
legibly	C.	Length of stay in Baltimore 55 44 Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)	+		
y and	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Wale Whate Wixform	8. DATE OF BIRTH 9. AGE (in years last birthday) Months	Year It Under 24 Hours Days Hours Min.		
	10.	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  Les Chart Talloung Talloung		CITIZEN OF WHAT COUNTRY		
death cl	13	FATHER'S NAME Meyer Kirsh	14. MOTHER'S MAIDEN NAME			
of	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO.	Dr Milton B. Kuch Garre	ess 3001		
write the causes	18. 420. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO COMMON APPROACH SINTERNAL CONTRACTOR OF THE CONTRACTOR OF THE COMMON APPROACH SINTERNAL CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTO					
please	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	may usufficuez	2575		
Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
- 1	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION					
important.	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or large place) 21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?					
IIy	-	2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  while at work at work				
especia	22. I hereby certify that I attended the deceased from 1979, to 1950, that deceased alive on 117, 1953, and that death occurred at 150 m., from the causes and on the day					
rens e				DATE SIGNED		

Athat I last saw the the date stated above. 23c. DATE SIGNED / (State) LOCATION (City, town, or county)

NO 1

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Sural REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR

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	NAME OF Description of the control o		Annette	Payne	of Death
	Baltimore	City, Maryland		4. USUAL RESIDENCE	(Where deceased lived. If institution: residen  B. COUNTY before admi
В.	FULL NAME		al or institution, give street address or		B. COUNTY Before admi.
	OSPITAL OR ISTITUTION	604 E. Ma	adison St	c. CITY OR TOWN	(If outside corporate limits, write RURAL and town
10	W)		Yrs. Mos.	o. STREET ADDRESS (	
	Length of s	stay in Baltimore	Days		
F	emale	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Married	June 17,1907	9. AGE (in years If Under 1 Year In Under 2 Hours AGE)  AGE  In years If Under 2 Hours Hours
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	r foreign country)   12. CITIZEN OF
	Housev	rife	INDUSTRI	South Carol:	ina U.S. A
13	FATHER'S			14. MOTHER'S MAIOEN	NAME
	Beron			Ella Scott	1/
15 (Yes	. WAS DECEAS , nn nr nnknnwn)	ED EVER IN U. S. ARMED	FORCES? 16. SOCIAL onf service) SECURITY NO.	17. INFORMANT	ADDRESS
				M's Elsie Wi	lliams 608 N. Gay St
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MEDICAL CERTIFICATI	OTHER STRIBUTION TO THE COLUMN	Sont mean the mode of the asthenia, etc. It mean the mode of the asthenia, etc. It mean the mode of the asthenia, etc. It means the son the so	f dying, e. g., (A)	ATION  AT	20. AUTOPS YES NOTE (If in Baltimore City, give exact location)  NRY OCCUR?  19 3 hat I last say the causes and on the date stated as 23c. DATE SIG

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No. 1718

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	BIRTH
	1. NA

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Every item of information should be c. Jully supplied. write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: please PLEASE V IE PL. LY, WITH correct age is especially important.

BI	RTH NO.					
	NAME OF D		dred Mamy Mary		2. DATE OF	12 52
	PLACE OF D		ldred Mary May	4. USUAL RESIDENCE (V	DEATH 2-	13-53
A.	Baltimore (	City, Maryland		A. STATE	B. COUNTY	before admission)
	FULL NAME OSPITAL OR		tal or institution, give street address or	Maryland		
IN	ISTITUTION	4940 Eastern	ty hospitals	C. CITT OR TOWN	outside corporate limits,	write RURAL and give township)
2		4740 Basteri		Baltimore	100	
1	T 43 4		Yrs. Mos.	D. STREET ADDRESS (If		7
	Length of s	tay in Baltimore	7. SINGLE, MARRIED.	37 S. Carey		nder 1 Year   If Under 24 Kours
J.	F	W W	WIDOWED, DIVORCED (Specify)		last birthday) Mont	ths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
		W.	HOME	Maryland		WHAT COUNTRY
13	FATHER'S	NAME		14. MOTHER'S MAIDEN N	AME	
		Elmer Swartz		Mary Pettico	rd	
15 (Ya	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date		17. INFORMANT Baltimo	ADI	DRESS
(10	e, no or unanown)	(11 yes, give war of date	se of service) SECURITY NO.	Records: Baltimo	ore City Hospi	tals
	18. 171	x .	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY		Leave black	ONSEI AND DEATH
		not mean the mode	n dying, e. g., (A)	of Cervix with Me	tastasis to	3 yrs.
	heart failu injury or	re, asthenia, etc. It mes complication which	ans the disease,	ne, Liver, Lung		
		ANTECEDENT CAUS				
Z	100 500,00	ANTECEDENT CADS	(B) Pyelon	ephritis Secondar	y To Metastas:	is
Ö		S OR CONDITIONS, I	F ANY, GIVING			
AT		ING CONDITION LA	AST. (C) to Bla	adder and Ureters		1 - 3 yrs.
15			(3)			
CERTIFICATION	OTHER S	II SIGNIFICANT COND	TIONS CON			
EH	TRIBUTING	TO THE DEATH, BUT	NOT RELATED			
O		F OPERATION	19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
AL		0				YES NO
EDICAL		ENT WAS UNDER-	218. PLACE OF INJURY (e.g.,		If in Baltimore City, giv	ve exact location)
E	CAUSE OF	R CONTRIBUTING[]	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ		(Month) (Day) (Year	(Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJUR	Y OCCUR7	
	OF INJURY		m. WHILE AT NOT WHILE			
	20 71		9	2-11 19 53 _{to}	2-13 10 53	that I last saw the
	deceased a		tended the deceased from	rred at 6:30pm., from t	he arrives and on the	that I tast saw the
	23A. SIGNA			23B. ADDRESS	ne causes and on the	23c. DATE SIGNED
	EGA. GIGITA	H.C. So		1940 Eastern Ave.	Balto. Md.	2-13-53
2.	4A. BURIAL.	CREMA- 24B, DATE		ERY OR CREMATORY 24D. L		r eounty) (State)
12	RIAL	2 17/	53 BALTIMOVE	NATIONAL ISOITI	Brick Rick like.	back ned
D	ATE RECEIVE	DABY   REGISTRAR	'S SIGNATURE	25 FUNERAL DIRECTOR	7	ADDRESS
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6.5/11/15

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YES

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23c. DATE SIGNED

12. CITIZEN OF

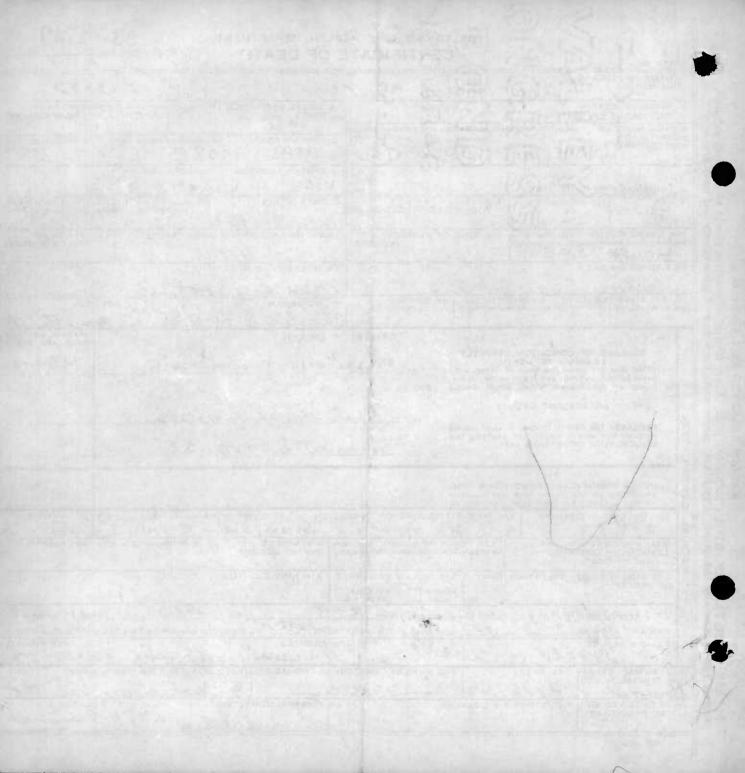
WHAT COUNTRY?

INTERVAL BETWEEN

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	E	53 1721	CERTIFICATI	EALTH DEPARTMENT	Registered No.	1721
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		NAME OF DECEASED  ype or Print)	7 00		2. DATE OF	
lied	3.	PLACE OF DEATH:	wion Mi	4. USUAL RESIDENCE (W		3 - 5 3 stitution: residence
ddn	_	Baltimore City, Maryland B	titution, give street address or	A. STATE	B. COUNTY	before admission)
io D	H	OSPITAL OR ISTITUTION	location)	10,770	outside corporate limits, v	
fully supplied. ly.		1120 M. Car	er ST.	Balto. City	16-	() Lawnship)
should be fur early and legibly.	0	0	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
be le		Length of stay in Baltimore  SEX   6. COLOR OR RACE   7. SIN	GLE, MARRIED.	1/20 7. Cay	9. AGE (in years) If Um	der 1 Year   If Under 24 Hours
ld h	Ŭ,	Mala C I WID	OOWED, DIVORCED (Specify)	1	last birthday) Month	hs Days Hours Min.
should	10	A. USUAL OCCUPATION (Give kind of 10B. K	IND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)   12	2. CITIZEN OF
on s	Worl	Mus; C leacher Se	If employed	Ratt M	. 0	WHAT COUNTRY?
atio th	13	FATHER'S NAME	- F CM/ TOYER	14. MOTHER'S MAIDEN NA	AME	4.5
VDING information of death cl		Chasles Moore	Va.	Nellie Se	maye /	nd
DII	15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES a, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADC	DRESS
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VED FOR Every item write the ca		DISEASE OR CONDITION DIRECT LEADING TO DEATH	Cong	gestive Heart F	railure	3 Mo
3D very		(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di- injury or complication which caused de-	sease,	<b></b>	***************************************	••
00		ANTECEDENT CAUSES				0
SEJK.	z		h.c.	,v.d	***************************************	
RESEI INK.	OF.	DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING				
NING ING	CA	UNDERLYING CONDITION LAST.	(C)			
RG ADI ciar	F					
MARGIN I UNFADING Physicians: p	ER	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	LATED X			- 1 333
PE	U	19A. OATE OF OPERATION   19B. MAJ	OR FINDINGS OF OPER	ATION		1 20. AUTOPSY?
WITH rtant.	AL	None				YES NO X
	EDIC		PLACE OF INJURY (e. g., in ome, farm, factory, street, office bldg., e	n or 21c. WHERE DID (I otc.) INJURY OCCUR?	If in Baltimore City, give	e exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
ially		or mook!	MHILE AT NOT WHILE			
PI		22. I hereby certify that I attended t	the deceased from Feb	.3 , 1953, to F	eb.13 ,1953,	that I last saw the
TE PI especi		deceased alive on 19 19	2. and that death occur	$red at \leq F \cdot m$ , from t	hc causes and on the	date stated above.
27		23A. SIGNATURE	eld 2	844 N.Carey St	.Balt. Md.	236 DATE SIGNED
1 8 E		AA. BURIAL, CREMA- 248. DATE	24C. NAME OF CEMETE		OCATION (City, town, or	
PLEASE correct ag	13	ON REMOVAL (Specify)	MT aub	urn B	alto. City	md.
LE		ATE RECEIVED BY REGISTRAR'S SIGNA		25. FUNERAL DIRECTOR	n A	DDRESS
PH S		eros 61479 Thurtingto	~ Y. S. C. V.	Wm. A. Jackes	n 916 pen	na. ave.
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, ,		BALTIMORE CITY H	HEALTH DEPARTMENT 53	1722
2	BI	CERTIFICAT	TE OF DEATH Registered N	No.
d. T	1.	NAME OF DECEASED MA, HANTY RA	nloll 2. DATE OF 2-	15-33
plie	3. A.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If	institution : residence before admission)
ins	В.	FULL NAME OF (If not in hospital or institution, give street address of DSPITAL OR		a muita DIIDAI and aim
ully supplied.		Teverdale	Baltimore	write RURAL and give
e can	C.	Length of stay in Baltimore  Yrs.  Most Days	- 1/7 Tha linasso.	St
ld be	TN.	sex 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Marvied)	9. AGE (In years In the second of the second	under I Year If Under 24 Hours nths Days Hours Min.
on shou	10 work	A. USUAL OCCUPATION (Givekind of State during month of working life, even if retired)  INDUSTR	11. BIRTHELACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
NG rmatio death	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
DING nform of de	15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	not smown	DDDECC
BINDING of inform uses of dea	(Yes	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	albert scarloff	DDRESS
R BIN		18. 420.0 1 CAUSE	OF DEATH	INTERVAL BETWEEN
it it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	onary. Thrombosis	Paur hound
_ [		(This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	4	Jew Muwso
22			oxcleratic Heart Disease	( and
ESE INK.	N O	DISEASES OR CONDITIONS, IF ANY, GIVING	oscilion news so sease	yews
F 0	ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ral arteriosclerosis	years
ADING icians:	FIC			
MARGIN UNFADIN Physicians:	ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
PE	Ü	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20, AUTOPSY?
WITH rtant.	AL			YES NO
Y, WITH	MEDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg		give exact location)
AA.	-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR: WHILE AT NOT WHILE AT AT WORK AT WORK	E	
E PL		22. I hereby certify that I attended the deceased from		h, that I last saw the
Esp		deceased alive on 2-15, 19B, and that death occur	urred at \\ \( \frac{23\line{1}}{2}\) m., from the causes and on to	he date stated above
W. e is		23A. SIGNATURE  M. D.  M. D.	Levindale Home	2-15-53
ASE W	24 TI		TERY OR CREMATORY 24D. LOCATION (City, town	or county) (State)
PLEASE correct ag	D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	TO FUNERAL DURECTOR	ADDRESS PO
	=	VS 150	JULK OF WESTER LIDO	Sum IX

BIRTH NO.	BI	RTH	NO.
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BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

Registered 1	No.
2. DATE FEB	15 1953
(Where deceased lived, If B. COUNTY	institution: residence before admission)
ore b-	ts, write RURAL and give township)
Thanel	ST
9. AGE (In years last birthday)	it Under 1 Year on the Days Hours Min.
foreign country)	12. CITIZEN OF WHAT COUNTRY?
NAME	
Α	DDRESS

ADDRESS

1. NAME OF DECEASED be controlly supplied. (Type or Print) ANNA OFFIGAN 4. USUAL RESIDENCE 3. PLACE OF DEATH: A. Baltimore City, Maryland . STATE (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN INSTITUTION HOPKINS HOSPITA Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH 34.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH KYPHOSCOLIOSIS, SEVERE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) KYPHUSCOLIOTIC ANTECEDENT CAUSES DISEASE ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED BRONCHITTS, ACUTE  $\ddot{\circ}$ TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION MEDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 15- 1953 that I last saw the 22. I hereby certify that I attended the deceased from 2-/2 190 and that death occurred at deceased alive on & _m., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED HOSPITAL 24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

information s of death cle BINDING of FOR Every write t RESERVED UNFADING Physicians: 1 MARGIN important. especially

on should be

DATE RECEIVED BY

A STATE OF S

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E-G	BIRTH NO.  1. NAME_OF_DECE

5	CERTIFICAT	TE OF DEATH  Registered No.	).———
1.	NAME OF DECEASED Flizabeth	Petenson 2. DATE FEB	15 1953
	PLACE OF DEATH: Baltimore City, Maryland Med. Osl3	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address of location STITUTION location STITUTION		write RURAL and give township)
7	JOHNS HOPKINS HOSPITAL  Yrs.		2 22 2
	Length of stay in Baltimore Mos. Days  SEX [6.COLOR OR RACE] 7. SINGLE, MARRIED.	SI BOX L4 MARYIANO	Ave
5.	Remal White W.		the Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT AD	DRESS
(Ye	(If yes, give war or dates of service) SECURITY NO.	MOHNS HOPKINS HOSPITAL	
		OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	PRIC OBSTRUCTION	1 MONTH
	heart failure, asthenia, etc. It means the disease.	LNOWN CAUSE PROBALLY	
	ANTECEDENT CAUSES	CINOMA OF STOMACH	
NO O	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
CAT	UNDERLYING CONDITION LAST. (C)	/	
RTIFICATION	11		
CERT	OTHER SIGNIFICANT CONDITIONS CON-	1-VASCULAR ACCIDENT	GMOS.
AL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	ERATION	YES NO
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH	, in or 21C. WHERE DID (If in Baltimore City, gi	ve exact location)
2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR OF INJURY   WHILE AT   NOT WHILE AT WORK AT WORK	LECT	
	22. I hereby certify that I attended the deceased from 2-deceased alive on 2-13-, 1953, and that death occur	-9- , 1953 to 2-16-, 1950	
	23A. SIGNATURE a. N. Clusso, Jr . M.D.	JOHNS HOPKINS HOSPITAL	23c. DATE SIGNED
Z. Ti	Duna (Specify) 248. DATE 246. NAME OF CEMET	TERY OR CREMATORY 24D. LOCATION (City, town, o	r county) / (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Well June Home 2006 O	Lews

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BINDING

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MARGIN

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) Mitchell OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF Md. (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Raltimore legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1401 Central Avenue Days 6. COLOR OR RACE 9. AGE (In years It Under 1 Year II Under 24 Hours last birthday) Months: Days Hours: Min. 8. DATE OF BIRTH II Under 24 Hours 7. SINGLE, MARRIED and WIDOWED, DTVORCED (Specify) Colored August 15, Male 10A. USUAL OCCUPATION (Give kind of work done during most of morking life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF clearly INDUSTRY WHAT COUNTRY? Dorchester Co., Md. information s 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Franklin Jackson Viola Mitchell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. unknown Mrs. Viola White, 420 East 6th St. yes causes Wilmington, Del. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ... RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICA (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK AT WORK thereon and from 22. I certify that I took charge of the remains described above, held an _aylia, Autopsy, Inspection or I quiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes & accident [], suicide [], homicide [], undetermined 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 4. NAME OF CEMETERY OR CREMATORY 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE 118-5 DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

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LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

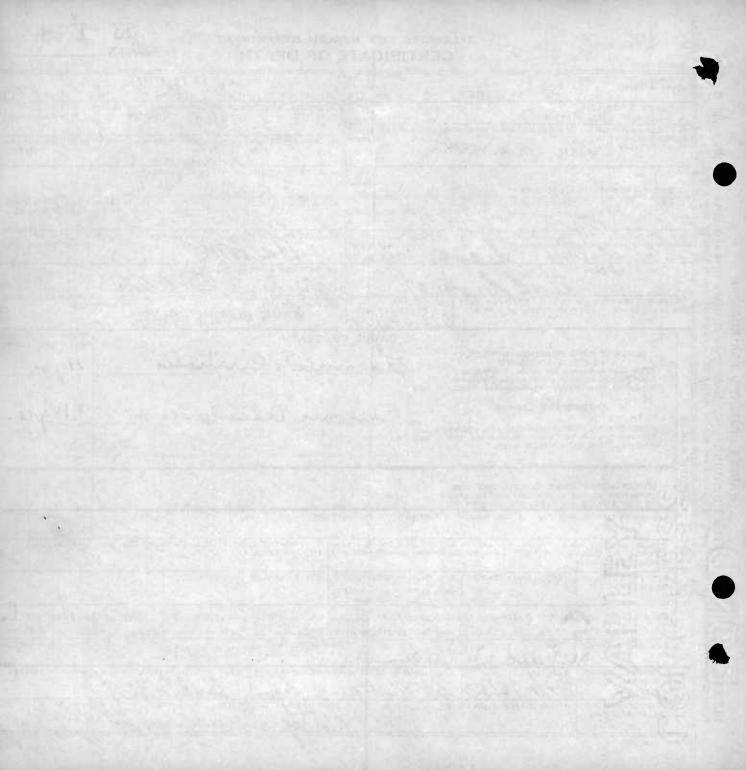
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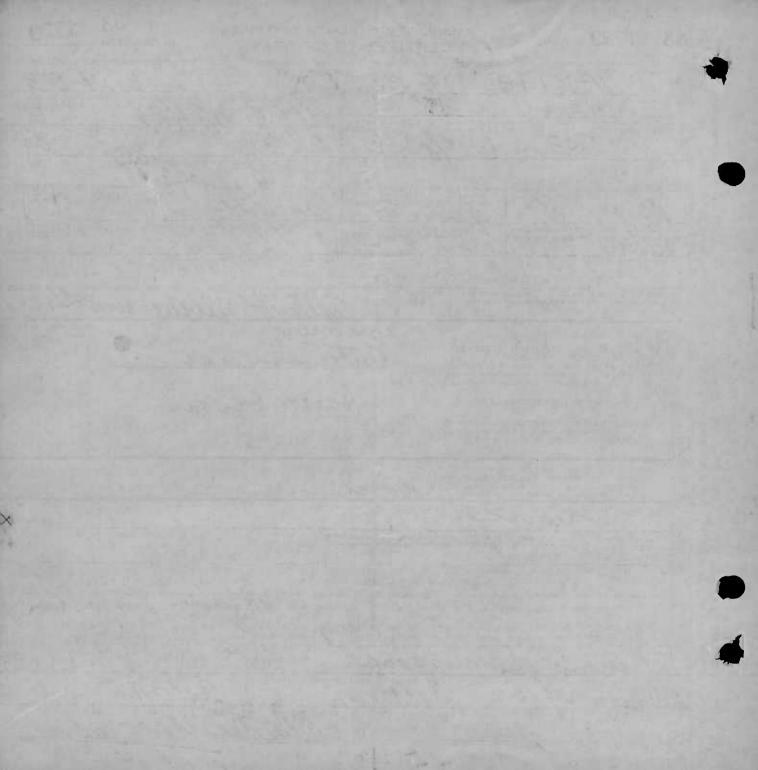
3.	PLACE OF DEATH:  MARY 6. SCRIBNER  PLACE OF DEATH:		OF 2/14/53 deceased lived. If institution; residence
A.	Baltimore City, Maryland	A. STATE	B. COUNTY before admission
HC	FULL NAME OF (If not in hospital or institution, give street address of DSPITAL OR location)		de corporate limits, write RURAL and give
IN	3637 Everhart St.	Balto	township
M.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural,	give location)
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. /	AGE (In years   If Under I Year   If Under 24 Hours ast birthday)   Months: Days   Hours: Min.
11	emole White Widowed	6/17/72	80
vork	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)   12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	The same of the sa	- 10	
15. (Yes,	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 4 14
1	10 0 3 1 1	Johannes C. Alselin	Interval Between
		OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1006	
	(This does not mean the mode of dying, e.g.,		
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO		
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$\sim$ 1	DISEASES OR CONDITIONS, IF ANY, GIVING		
Ĭ	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	de lami	
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<u> </u>	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Aenrelemi	
RT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	Acurelani	
ERTIFIC	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Acustomi	
ERTIFIC	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)		20. AUTOPSY?
AL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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ully		OSPITAL OR	63	14 71.	De	lmer 1	eation)	C. CITY OR TOWN	(If outsi	de corporate	limits, wri	te RURAL and give township
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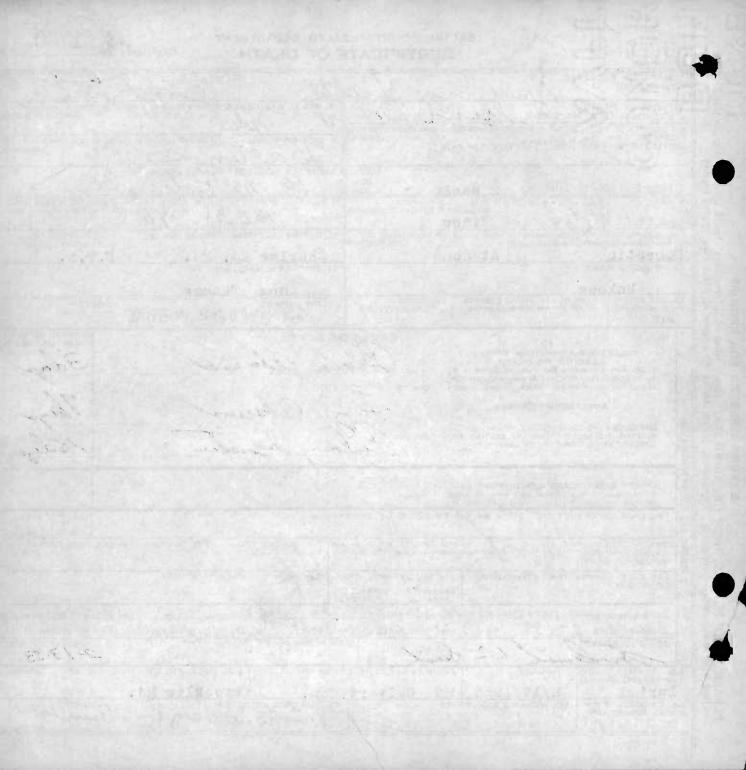
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ully supplied	H	FULL NAME OSPITAL OR ISTITUTION	JOHNS HOPKIN		n, give street address o location		WN) (If or	tside corporate li	mits, write RURAL and gi	
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d be		SEX	6. COLOR OR RACE	7. SINGLE, WIDOWE		1 8. DATE OF BI	RTH - U9	9. AGE (In years last birthday)	ff Under 1 Year H Under 24 Hours Min	uis n.
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	#37 3 1730 BIRTH NO.	BALTIMORE CITY HE		Registered No. 1730
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legibly.	HOSPITAL OR JOHNS HOPKINS	HOSPITAL Yrs.	Ballem	tside corporate limits, write RU/AL and give township
and pla		Weeks Mos. Days BINGLE, MARRIED. VIDOWED, DIVORCED (Specify) Idow	8. DATE OF BIRTH	AGE (In years   It Under 1 Year   If Under 24 Hour last hirthday)   Months Days   Hours   Mir
9/11 -	ork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign Charles Co. MC 14. MOTHER'S MAIDEN NAM	U.S.A.
1 5 0 K	Unkown  15. WAS DECEASED EVER IN U. S. ARMED FOR (If yes, give war or dates of sor	CES? 16. SOCIAL SECURITY NO.	Anna Thomas 17. INFORMANT HOPKINS	ADDRESS HOSPITAL
Every item write the ca	18. 465 I DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	ng, e. g., (A) Bra	of DEATH	INTERVAL BETWEE ONSET AND DEAT Slags
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EAS	248. DATE TION, REMOVAL (Specify)  Eurial  DATE RECEIVED BY LOCAL REGISTRAR  EFR 16193  Aunting	24c. NAME OF CEMETE 3 Mt Calvery GNATURE.		Edyn Md.  Con   Fri Brankly W
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RESERVED

53 1732	-5#	3632
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1732 Registered No.

	BI	RTH NO.			CERTIFICAT	E OF DEAT	П	-104 1103	
	1. (T	NAME OF D	ECEASED	LENA	HELLDORFER		2. DATE OF DEATH	Februar	Ty 14, 1953
	B. HO	FULL NAME	City, Maryland OF (If not in hospit		tion, give street address or location)	A. STATE Maryland	ENCE (Where deceased I B. COUN	ived, If instit	
	IN	ISTITUTION	1031 Wilmo	t Court		Baltimore		UU	township
10810	O.	Length of s	tay in Baltimore		Yrs. Mos. Days	1031 Wilm	ess (If rural, give weat ot Court	ion)	
niin.		sex female	6.COLOR OR RACE	7. SINGL	E, MARRIED, VED DIVORCED (Specify)	February 8,	lood bladbd	ears If Under 1 ay) Months	Year H Under 24 Hours Days Hours Min.
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ace of			Henry Hisgen			14. MOTHER'S MA			
	15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Mrs. Emily	Hollam, 1031	Wilmot	
biographic designation of the second	RTIFICATION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. ons the disea caused deat  SES  F ANY, GIVI STATING T	g., (A)se, se, h.) OUE TO	finseley,	E heart fli	ene	DNSET AND OEATH
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*0*	AL				R FINDINGS OF OPER	RATION			20. AUTOPSY?
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MARGIN RESERVED FOR BINDING

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53 BIRTH	1733

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	0	1.1	33
Registered	No		

(T	NAME OF DECEAS  ype or Print)		rode	Eu C.	Pule	2. DATE 2/14	153 5 5
	PLACE OF DEATH: Baltimore City, I			1	4. USUAL RESIDENCE	E (Where deceased lived	If institution; residence before admission)
В.			al or instituti	on, give street address location		d.	- 1
	STITUTION 3008	9,0000 7	Mount		c. CITY OR TOWN	Balto	its, write RULAL and give township)
Pa.	1900	Direction	COLLORV	Yrs			
-	Length of stay in			Mos Day		un Mount	-agr
5.	SEX 6.COL	LOR OR RACE		MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours fonths: Days Hours: Min.
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	done during most of working	g life, even if retired)	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	7	3120	scerry	14. MOTHER'S MAIDE	N NAME	<i>V</i> .
	and	4 /1	, Re	44	maris	Wand	
15	. WAS DECEASED EVER	IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	00 4. 200	ADDRESS
(10	Ho (11 )	os, give war or date	of service)	SECURITY NO	4 pm Pyle 29	21 Montabel	Lo Tennuce
	18. 420.1			CAUSE	OF DEATH		INTERVAL BETWEEN
		CONDITION		~	10.	01.	
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	injury or compli-	cation which c	aused death.	DUE TO are	I As a well a while	t Cardia -	
				, 552 10 2000		lise ass	
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EDICAL CERTIFIC	OTHER SIGNIFIT TRIBUTING TO THE DISEASE  19A. DATE OF OPE  21A. ACCIDENT W LYING OR CONTACTUSE OF DEATH 21D. TIME (Month) OF INJURY  22. I hereby certal deceased alive on	ONDITIONS, 11 DEVE CAUSE (A) DONDITION LA  ILLIANT CONDITION THE DEATH, BUT OR CONDITION RATION 1  VAS UNDER- TRIBUTING 1  (Day) (Year)	TIONS CON NOT RELATE! CAUSING IT 9B. MAJOR  21B. PLA ebout home, fse  (Hour) 2 m.	FINDINGS OF OP  CE OF INJURY (e. g  rm, factory, street, office bld  I.E. INJURY OCCUP  WORK NOT WHI  WORK AT WOR  deccased from	ERATION  in or 21c. WHERE DID INJURY OCCUR?  RED 21F. HOW DID IN  LE 1  urred at 5.45 m., fr	(If in Baltimore City,	20. AUTOPSY? YES NO give exact location)  Athat I last saw the the datc stated above.
EDICAL CERTIFIC	OTHER SIGNIFIT TRIBUTING TO THE DISEASE  19A. DATE OF OPE  21A. ACCIDENT W LYING OR CONTACTUSE OF DEATH  21D. TIME (Month) OF INJURY	ONDITIONS, 11 DEVE CAUSE (A) DONDITION LA  ILLIANT CONDITION THE DEATH, BUT OR CONDITION RATION 1  VAS UNDER- TRIBUTING 1  (Day) (Year)	TIONS CON NOT RELATE! CAUSING IT 9B. MAJOR  21B. PLA ebout home, fse  (Hour) 2 m.	FINDINGS OF OP  CE OF INJURY (e. g  rm, factory, street, office bld  I.E. INJURY OCCUP  WORK NOT WHI  WORK AT WOR  deccased from	ERATION  in or 21c. WHERE DID INJURY OCCUR?  RED 21F. HOW DID IN	(If in Baltimore City,	20. AUTOPSY? YES NO give exact location)  that I last saw the the datc stated above. 23c. DATE SIGNED
MEDICAL CERTIFIC	OTHER SIGNIFIT TRIBUTING TO THE DISEASE  19A. DATE OF OPE  21A. ACCIDENT W LYING OR CONTACTUSE OF DEATH 21D. TIME (Month) OF INJURY  22. I hereby certal deceased alive on	ONDITIONS, 11 DEVE CAUSE (A) DONDITION LA  ILLIANT CONDITION THE DEATH, BUT OR CONDITION RATION 1  VAS UNDER- TRIBUTING 1  (Day) (Year)	TIONS CON NOT RELATE! CAUSING IT 9B. MAJOR  21B. PLA ebout home, fs  (Hour) 2 m.  m.  mended the control of the	FINDINGS OF OP  CE OF INJURY (e. gram, factory, street, office bld  CIE. INJURY OCCUP  WORK NOT WHI WORK AT WOR  deceased from  and that death occup  M. D.	ERATION  in or 21c. WHERE DID INJURY OCCUR?  RED 21f. HOW DID IN  urred at 5.45 m., fr  23s. ADDRESS	(If in Baltimore City,  JURY OCCUR?  of 4, 192  om the causes and on	20. AUTOPSY? YES NO Representation No Representa
HW MEDICAL CERTIFIC	DISEASES OR C RISE TO THE ABO UNDERLYING O  OTHER SIGNIFI TRIBUTING TO TH TO THE DISEASE  19A. DATE OF OPE  21A. ACCIDENT W LYING OR CON' CAUSE OF DEATH 21D. TIME (Month) OF INJURY  22. I hereby certification on 23A. SIGNATURE  A. BURIAL, CREWA	ONDITIONS, III DIVE CAUSE (A) ONDITION LA  ICANT CONDITION OR CONDITION RATION ITALIAN (AS UNDER- TRIBUTING (Day) (Year)  If that I att	TIONS CON NOT RELATEL CAUSING IT 9B. MAJOR  21B. PLA ebout home, for m. W. W. March 1957, c.	FINDINGS OF OP  CE OF INJURY (e. g. rm, factory, street, office bld  TE. INJURY OCCUP  WORK NAT WOR  deccased from  and that death occup  M. D.  14c. NAME OF CEME	ERATION  in or 21c. WHERE DID INJURY OCCUR?  IRED 21f. HOW DID IN the part of	(If in Baltimore City,  JURY OCCUR?  of the 14, 192  om the causes and on  element (City, tow	20. AUTOPSY? YES NO Representation No Representa

ully supplied.

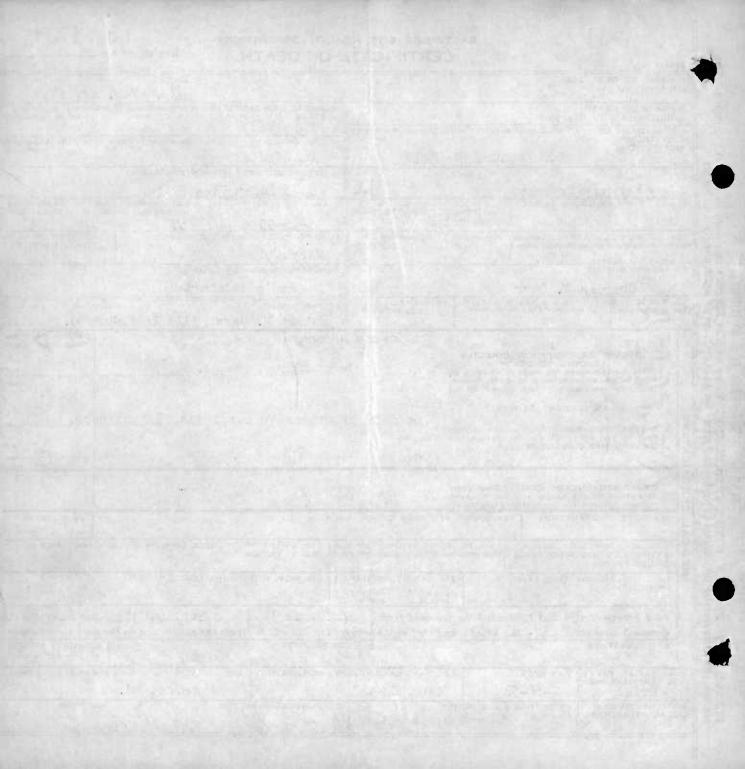
item

PLEASE

# BALTIMORE CITY HEALTH DEPARTMENT

53 1734

Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mr. George R. Carr Feb. 13, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bon Secours Hospital Dundalk 22 D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 3425 Logan View Drive Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) male white married 5-12-95 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Maryland retired meat cutter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Iglehart Charles T. Carr 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes Robert V. Carr 3I48 Baybriar Rd. INTERVAL BETWEEN 18. 443X CAUSE OF DEATH ONSET AND DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral hemorrhage. (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive cardiovascular disease. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20, AUTOPSY important. (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-21B, PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! TE PLA especiall AT WORK WORK 22. I hereby certify that I attended the deccased from Feb. 12, 1953, to Feb. 13, , 1953, that I last saw the Feb. 131953 and that death occurred at _m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY Upperco, Md. Búrial 2 - 16 - 53Emery Chapel DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR



53400

### BALTIMORE CITY HEALTH DEPARTMENT

53 1735

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Registered	No	
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В	IRTH NO.			CERT	IFICATI	OF DEAT	Н	register	4 110-		71. 51
	NAME OF D		ODCD		ant t			2. DATE OF TO		. 32	3050
3.	PLACE OF D		ORGE	В.	TULL	4. USUAL RESID	ENCE (V	DEATH Fe			
Α.	Baltimore (	City, Maryland				A. STATE		B. COUNTY			admission)
H	FULL NAME OSPITAL OR	OF f not in hospit	al or institu	tion, give st	reet address or location)	c. CITY OR TOWN	yland	outside corpora e l	ishita mei	RIBA	and give
IN	ISTITUTION	1026 Danlan	Cmorre	Stroot			timor		0	E BOKA	township)
-		1036 Poplar	Grove	bureet	Yrs.	D. STREET ADDR			0		
0	I anoth of a	tay in Baltimore			Mos.			lar Grove			
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIE	Days D.	8. DATE OF BIRTI		9. AGE (In year			Under 24 Hours
1	Male	White		wed.divoi arried	RCED (Specify)	June 5, I	376	last birthday) 76			
10	A USUAL OC	CUPATION (Givekinde)		D OF BUSI	NESS OR	11. BIRTHPLACE		oreign country)		CITIZEN	
wor		of working life, even if retired) ry Engineer	T.e	aundry	INDUSTRY	Baltimore	a Mar	errl o nd	'	WHAT C	COUNTRY
13	FATHER'S			2011012		14. MOTHER'S MA	LIDEN N	AME			
	Georg	e B. Tull				Laura	J	R			
15	. WAS DECEASE	ED EVER IN U.S. ARMEI	FORCES?	16. SOC		17. INFORMANT	-		ADDRE	ESS	
(Ye	NO OF unknown)	(If yes, give war or date	s of service)	SEC	URITY NO.		. Tull	1 2939 Pres			
	18. 42	n 1			CALICE	OF DEATH					L BETWEEN
			DIRECTIV	,	CAUSE	OF DEATH			(	DNSET A	ND DEATH
		SE OR CONDITION	TH		Arterio	sclerotic ca	rdiov	escular di	58888		
	heart failu	s not mean the mode ore, asthenia, etc. It mes	ns the disea	ise,			10201		20020	********	
	injury or	complication which	caused deat	h.) DUE	то						
		ANTECEDENT CAUS	SES								
Z	DISEASE	S OR CONDITIONS, I	F ANY, GIVI	NG (B)	)	***************************************	**************				***************************************
TIO	RISE TO T	HE ABOVE CAUSE (A)	STATING T	HE DUE	то						
CA				(C)	)			***************************************			**************
FIC		11									
RTIFI		GIGNIFICANT CONDI								,	
CEI		ISEASE OR CONDITION									
,	19a. DATE C	F OPERATION 1	98. MAJOF	R FINDING	S OF OPER	ATION					TOPSY?
A.	214 EVTER	NAL CAUSE WAS	1 21B. PL	ACE OF IN	JURY (e.g., in	or   21c. WHERE D	DID (I	f in Baltimore Cit		YES	No X
DIC	UNDERLYIN	G OR CONTRIB-			treet, office bldg., e		R?		,, g., c c		
ME		(Month) (Day) (Year)	(Hour)	21E IN 1111	RY OCCURRI	21F, HOW DID	INIIIRY	CCCUR?			
	OF INJURY	() ()		WHILE AT	NOT WHILE		114501(1	CCCONT			
			m.	WORK L	AT WORK L	To	anat:	ion & Thomas	i wer		
	22. I certi	fy that I took char	ge of the	remains	described a	bove, held an III	Autopsy.	Inspection or Inqu	irv the	ereon o	ind from
	the cvi	dence obtained by	said Aut	opsy, Inst	peetion or I	nquiry, find that	said de	eceased died on	the da	y state	ed above
		ath in my opinion	resulted.	from: nat	tural causes						
	23A. 9 GXA	Colores Colores	11/2_		9473 4	ASSISTANT M	EDICAL I	EXAMINER		TE SIG	- 1000
24	4A. BURIAL.	REMA- 248, DATE	110	24c NAME		D. MEDICAL INV		OR DI	Feb.		1953 (State)
TIC	ON, REMOVAL (S	2-I6-5			r Hill	Dit GITZIIIAT ONT		itchie High			,
D	Burial		-			25. FUNERAL DIR		roome me		DRESS	00011100
	L ILCEIVE	NEGISTRAR.	SIGNATI	UKE I.	17.19	ZU. FUNERAL DIR	FAIOK		ADL	JRESS	-

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Days

53 1736 Registered No.

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HOSPITAL OR

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should

1. NAME OF DECEASED (Type or Print)

Inla Strobel

2. DATE

DEATH February 13, 1953 4. USUAL RESIDENCE (Where deceased lived, If institution; residence

3. PLACE OF DEATH:

A. Baltimore City, Maryland B. FULL NAME OF

(If not in hospital or institution, give street address or location'

Maryland C. CITY OR TOWN

A. STATE

B. COUNTY before admission) (If outside corporate limits, write RURAL and give

INSTITUTION 1021 N. Luzerne Avenue

Baltimore

June 26. 1889

o. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore 5 SEX 6. COLOR OR RACE

female white 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)

1021 N. Luzerne Avenue 8. DATE OF BIRTH 9. AGE (In years)

If Under 1 Year last hirthday) Months Days Hours: Min. 11. BIRTHPLACE (State or foreign country)

10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) housewife

10B. KIND OF BUSINESS OR INDUSTRY own home

Baltimore, Maryland 14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY?

township)

13. FATHER'S NAME

Rudolph Tostman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or nnknown)

16. SOCIAL SECURITY NO.

OUE TO

Chrissi Neilson

17. INFORMANT Charles Scheidegger, 3317 Elmora Avenue

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OUE TO

OTHER SIGNIFICANT CONDITIONS CON-

luntitie

19A. DATE OF OPERATION

19B, MAJOR FINDINGS OF OPERATIO

20. AUTOPSY

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

22. I hereby certify that I attended the deceased from_

1948 to Fee , 1953, that I last saw the deceased alive on 3. 2. 1953, and that death occurred at 7 7. m., from the causes and on the date stated above.

23A. SIGNATURE

DATE RECEIVED BY

OF INJURY

20244477

(If in Baltimore City, give exact location)

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

21c. WHERE DID

1217 St. Paul Street

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# BALTIMORE CITY HEALTH DEPARTMENT

1737 Registered No.

he	ВІ	IRTH NO.			CERTIFICAT	E OF DEATH		
ed. 7	(T	NAME OF DE	Henri	tta Kli	nganstein (K	lingenstein)	2. DATE OF FED DEATH	. 14-1953
plic		Baltimore C	EATH: lity, Maryland	111.35	ales Polyters	4. USUAL RESIDENCE A. STATE	B. COUNTY	institution: residence before admission
ins	В.	FULL NAME		al or institution	on, give street address o			
rully supplied.		OSPITAL OR	Baltimore (	ity Hos	pitals location	c. CITY OR TOWN Baltime	If outside cor or the limit	s, write RURAL and giv township
legibl			ay in Baltimore	Life	Yrs. Mos. Days			
uld be	5,	SEX T	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify WOO	Sept.12- 1869	9. AGE (In years last birthday) Mo	onths Days Hours Min.
n sho	10 work	k done during most o	CUPATION (Give kind of working life even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY
matio leath	13	FATHER'S N		reib	(D	14. MOTHER'S MAIDEN Margaret Nat		
of information should be uses of death clearly and legible	15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: 4940	ore City Hosp Eastern Ave.	DDRESS itals
y item the cau		(This does	E OR CONDITION LEADING TO DEAT not mean the mode o	TH f dying, e.g.	. Carcin	OF DEATH		interval Between onset and death
j-s		injury or	e, asthenia, etc. It mea complication which c ANTECEDENT CAUS	aused death.	DUE TO	tongion		
NG INK.	ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
DIL	FIC							
UNFADING Physicians: p	SERTIFIC	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	0			
Heri .	CAL	19A. DATE O	F OPERATION 0 1	MATE.	FINDINGS OF OPE			20, AUTOPSY?
LY, WITH	AEDIC		ENT WAS UNDER- CONTRIBUTING DEATH	21B. PLA ebout home, fe	CE OF INJURY (e. g., rm,factory,street,office bldg.	in or 21C, WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
	2	21D. TIME ( OF INJURY	Month) (Day) (Year)	W	HILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
TE PL. especially		22. I hereby	y certify that I att ive on 2-14-	ended the	deceased from 12		2-14- , 19-5	3 that I last saw th
0.0		23A. SIGNAT		cu Odi		238. ADDRESS 940 Eastern Ave.		23c. DATE SIGNED
EASE rect age	74.	4A. BURIAL, CON REMOVAL (S	REMA- 248 DATE	53 2		ERY OR CREMATORY 24D.		
(T)	-					THE RESERVE THE PARTY AND THE		

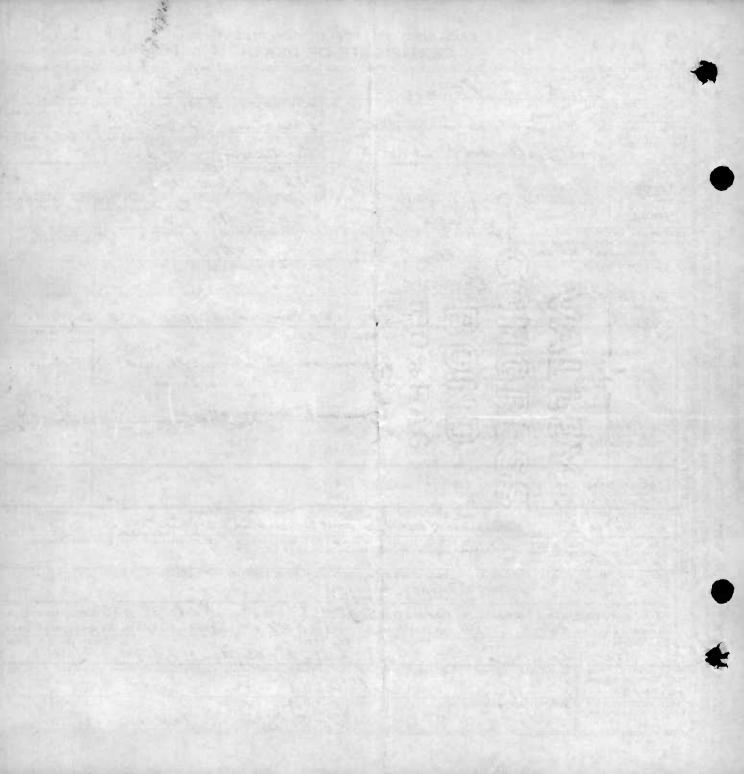
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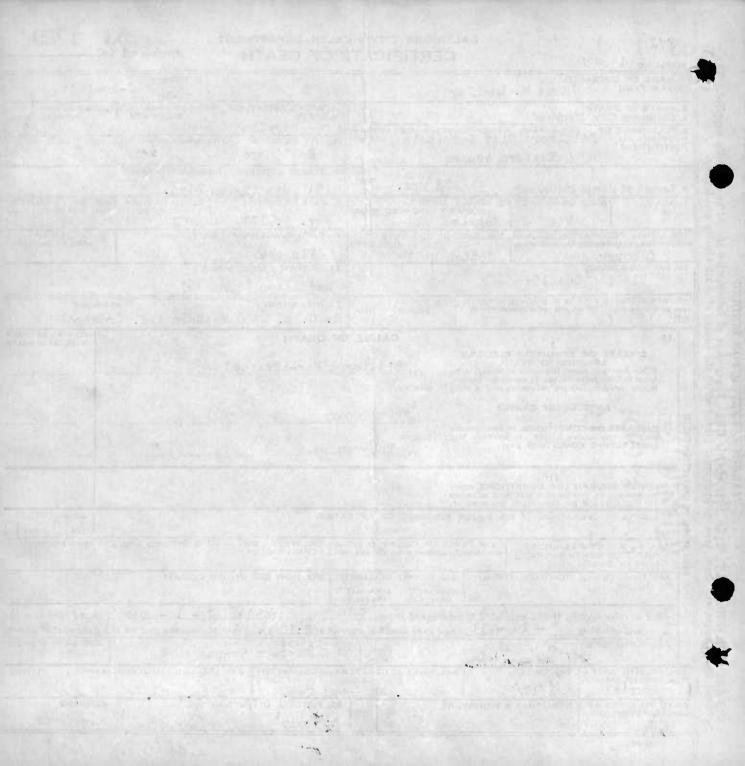
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 158924 NAME OF DECEASED 2. DATE 2-14-1953 James M. Lashlev OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) Maryland C. CITY OR TOWN (If outside corrolate lights, write RURAL and give Baltimore township) 4940 Eastern Avenue Yrs. D. STREET ADDRESS (If rural, give location) Mos. 25 yrs. c. Length of stay in Baltimore 916 Washington Blvd. Days 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) M Nov. 5, 1900 Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s laborer Florida Cotton Mill 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Lashlev Meddliton (decease) 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. item of in ZZ B. C. H. 4940 Eastern Ave. (record) INTERVAL BETWEEN 002X CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bilateral Far-Advanced (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) write DUE TO ANTECEDENT CAUSES INK. Pulmonary DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (c) Tuberculosis RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY LY, WITH important. 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WORK AT WORK 22. I hereby certify that I attended the deceased from 5-6-, 1952, to 2 - 14-, 1953, that I last saw the 2 - 14 7953 and that death occurred at 2:10 am., from the causes and on the date stated above. deceased alive on 238, ADDRESS 4940 Eastern Avenue 23A. SIGNATURE 23c. DATE SIGNED PLEASE correct ag 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Burial Balto. National Cem. DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

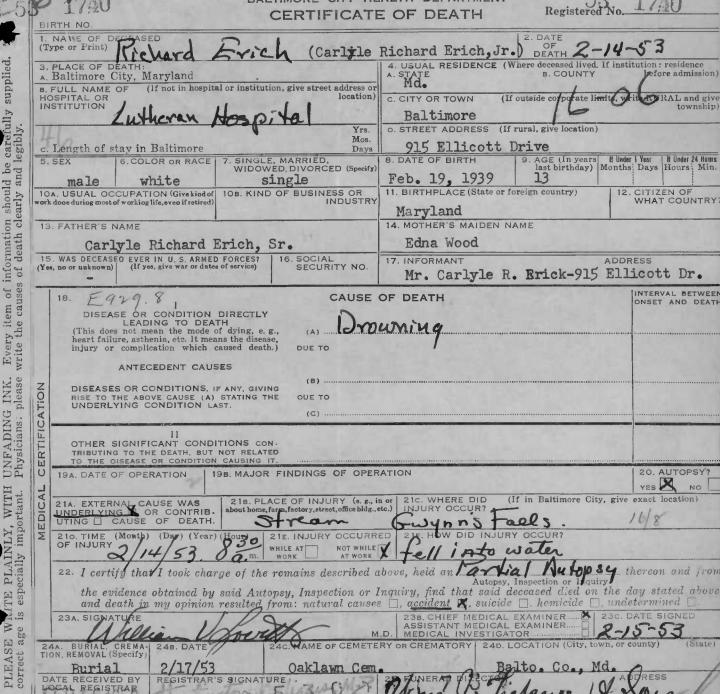


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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



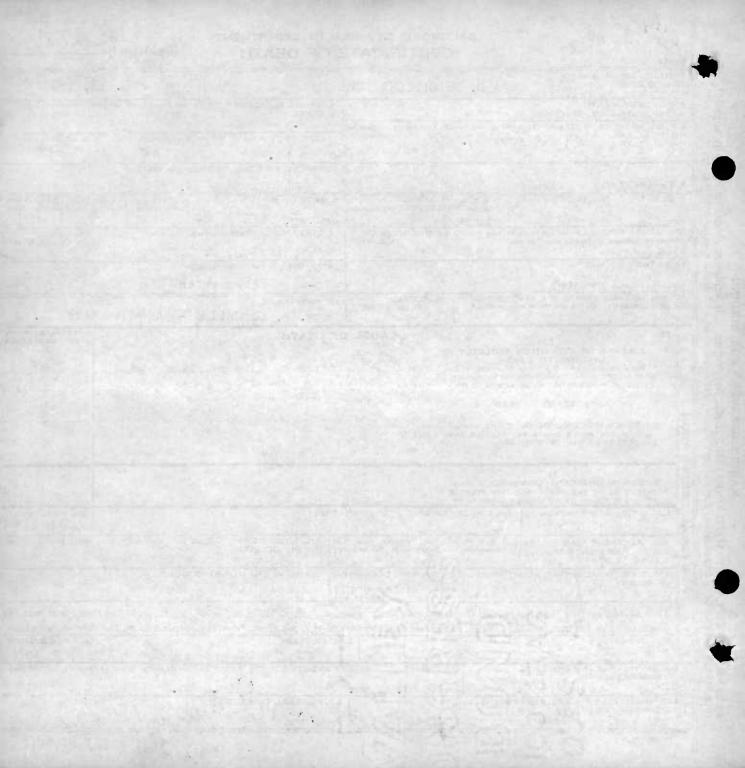
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1741 Registered No.

1. NAME OF D (Type or Print)	ECEASED		2. DATE	
		B. FREDERICKA BUL	L OF Feb. 1	3, 1953
	City, Maryland	Y:	4. USUAL RESIDENCE (Where deceased lived, If instance A. STATE B. COUNTY	stitution : residence before admission)
HOSPITAL OR				write RURAL and give township)
c. Length of s	tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
5. SEX	6. COLOR DR RACE		8. DATE OF BIRTH 9. AGE (In years   I Un last birthday) Mont	der i Year hs: Days Hours Min.
10A. USUAL OC ork done during most	CUPATION (Givekinder	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
	NAME		14. MOTHER'S MAIDEN NAME	
Frederick	Frietch		- Abenschoen	
Yes, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date)	16. SOCIAL SECURITY NO.	Mrs. E. C. Childs - 3404 Old	York Rd.
(This does heart failu	LEADING TO DEAT a not mean the mode of the asthenia, ctc. It mean	DIRECTLY I'H If dying, e. g., (A)	oni Mystarditis	INTERVAL BETWEEN DNSET AND DEATH
DISEASES RISE TO T UNDERLY	S OR CONDITIONS, IN	F ANY, GIVING STATING THE DUE TO		70 90,
TRIBUTING	TO THE DEATH, BUT	NDT RELATED		
19A. DATE C	OF OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
	R CONTRIBUTING			e exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	WHILE AT NOT WHILE		
deceased a	live on Febr. 12	ended the deceased from. Q., 1953, and that death occur	rred at 9.30 Am., from the causes and on the	
24A. BURIAL.	CREMA- 24B. DATE	24C. NAME OF CEMETE		20.13,1933
Burial	2/16/53	Balto. C em.	Balto, Md.	0
LOCAL REGIST	RAR	after 11 and 2 and	25. FUNERAL DIRECTOR	MO
VS 150	1333		Catto 17	Mid.
	C. Length of s  5. SEX  female 10A. USUAL OCOMANDO CONTROLL 13. FATHER'S IT. 15. WAS DECEAS Yee, no or unknown)  16. USUAL (This does heart failly injury or  DISEASE: RISE TO TUNDERLY  OTHER STRIBUTION 19A. DATE OF  21A. ACCID LYING OCAUSE OF 21D. TIME OF INJURY  22. I hereb deceased a. 23A. SIGNA  24A. BURIAL 11ON, REMOVAL (S. BURIAL 24A. BURIAL 25A. BURIAL 25B. SIGNA  25A. BURIAL 26B. SIGNA  26B. SIGNA  27A. BURIAL 27A.	HOSPITAL OR INSTITUTION 3404 Old YOUNSTITUTION 3404 Old YOUNSTITUTION 3404 Old YOUNSTITUTION 3404 Old YOUNSTITUTION 3404 Old You will be a seen or white and the seen of the s	HOSPITAL OR INSTITUTION  3404 Old York Rd.  Yrs. Mos. Days  5. SEX  6. COLOR DR RACE  7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify Widowed)  10a. USUAL OCCUPATION (Givekind of ork done-during most of working life, even if retired)  10a. USUAL OCCUPATION (Givekind of ork done-during most of working life, even if retired)  10a. USUAL OCCUPATION (Givekind of ork done-during most of working life, even if retired)  10a. USUAL OCCUPATION (Givekind of ork done-during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  10c. KIND OF BUSINESS OR INDUSTRY  11c. WAS DECEASED EVER IN U. S. ARMED FORCES? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10  16. CAUSE  17. SINGLE MARRIED. WIDOWED, DIVORCED (Specify Widowed)  10a. KIND OF BUSINESS OR INDUSTRY  11c. CAUSE  11c. CAUSE	HOSPITAL OR 3404 Old York Rd.    CITY OR TOWN (If outside corport liming)   Balto.



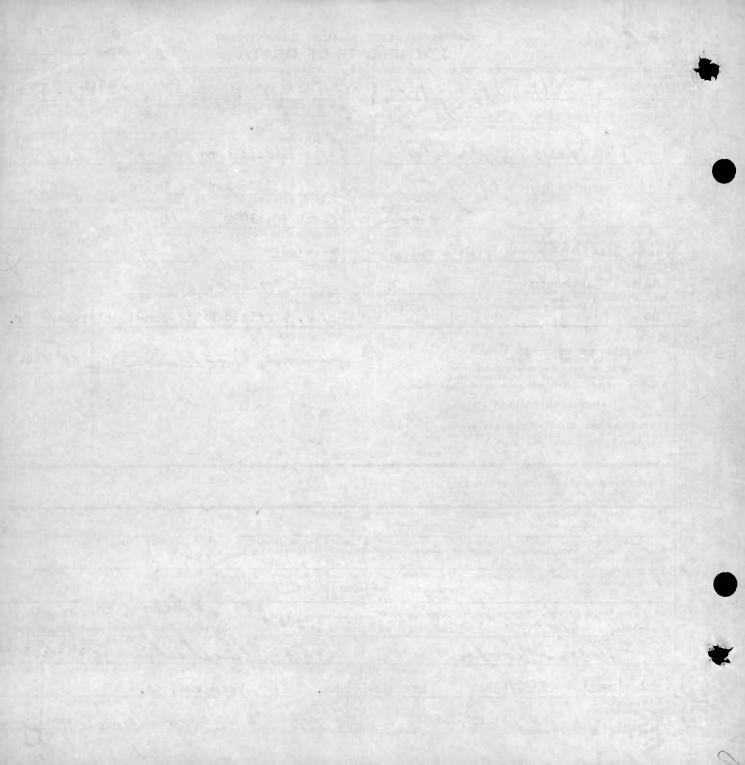
MARGIN RESERVED FOR BINDING

336 HAZ
BIRTH NO

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1742

	-	IRTH NO.	CERTIFICAT	E OF DEATH	Registered	No.
		NAME OF DECEASED NILTON	PATTI	ERSON	2. DATE OF DEATH	Ab 1953
		PLACE OF DEATH: Baltimore City, Maryland	gran Hotel	4. USUAL RESIDENCE (	Where deceased lived. I	f institution : residence before admission)
	В.	FULL NAME OF (If not in hospital or institu	tion, give street address or location)	Md.		1994
		ISTITUTION AD Son a de	67-0	c. CITY OR TOWN (In		its verite RUBAL and give township)
640	4	DOA Mesty No	Yrs.	D. STREET ADDRESS (If		
0	c.	Length of stay in Baltimore 17	Mos. Days		gonne Drive	
The same of	5.		E, MARRIED, VED, DIVORCED (Specify)	S. DATE OF BIRTH	9. AGE (In years)	It Under I Year   If Under 24 Hours onths Days Hours Min.
	10	A. USUAL OCCUPATION (Give kind of 10B. KINI	D OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
	Work	done during more paraking life, exemple retired)	ic Welfare	Maryland		WHAT COUNTRY?
		. FATHER'S NAME	TO METITIE	14. MOTHER'S MAIDEN N	AME	1
		Samuel Patterson		Amelia Corfield		
3	15 (Yes	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 6, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		EDDRESS
2		no		Mr. J. Corfield F	atterson-101	THE RESERVE THE PROPERTY OF THE PARTY OF THE
Can		18. 420.1		OF DEATH		INTERVAL BETWEEN
211		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.	/ /	romany De	chesen	10 mm
3		heart failure, asthenia, etc. It means the diseas injury or complication which caused deatl	se,		***********************************	***************************************
		ANTECEDENT CAUSES				
3	Z		(B)		**************************	>>+++
Par.	JI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST,				
2	CA		(C)	***************************************		
2010	RTIFICATION	11	us requestion of			
2 6 11	Ш	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE OEATH, BUT NOT RELAT	ED V	m		
1	U	19A, DATE OF OPERATION   19B, MAJOR	R FINDINGS OF OPER	RATION		20. AUTOPSY?
	AL	m				YES NO
TOO!	MEDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home,	ACE OF INJURY (e. g., i farm, hetory, street, office bldg.,	in or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baitimore City,	give exact location)
	-	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR		Y OCCUR?	
217		m.	WHILE AT NOT WHILE AT WORK		DI	
		22. I hereby certify that I attended the		rred at \$25 Pm., from 1	, 195	that I last saw the
2		deceased alive on 1274, 1953,	and that death occur	rred at m., from p	the causes and on	the date stated above.
3		Wines Horker	M. D.	35342lbc	steeker	23C. PATE SIGNED
20	2.4 TIC	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town	n, or county) (State)
2		Entombment 2/17/53	Lorraine M		llawn, Md.	1 1
TOO		ATE RECEIVED BY REGISTRAR'S SIGNATIONAL REGISTRAR	mark is \$1000 and the train	25 FUNERAL DIRECTOR	Tin la	ADDRESS
	=	FEB 1 6 1953 45 45 45	5/15 0	NM. J.V	unner	V STVX
		VS 150	26	292	Kath	17/Md.
165			01	I will	man 10	1



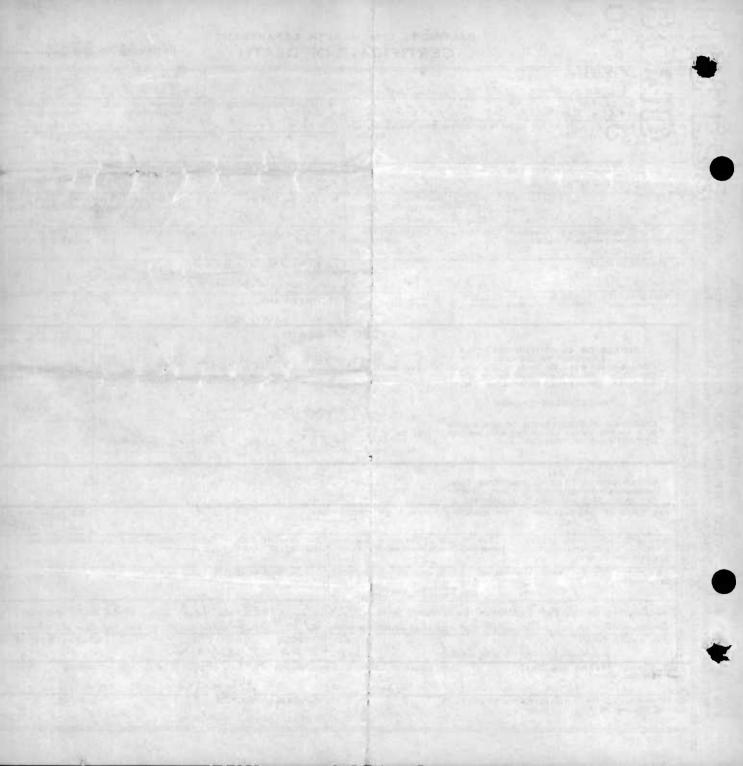
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DIRTH	NO

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	No.	gon.	29
8	~25.	. 10	A

	BIRTH NO.	E OF DEATH	Register (4) No.
	1. NAME OF DECEASED (Type or Print) Larry Mancarast.	2	DATE OF 2 / 8 / CB
	3. PLACE OF DEATH: A. Baltimore City, Maryland/632 Bost St	4. USUAL RESIDENCE (When	e deceased lived. If institution; residence B. DUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	1632 Dels 11	Salfo The side corporate limits, write RURAL and give
	INSTITUTION	Buliman	U - My (pwiiship)
	c. Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If rure	al, give location
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify,	8. DATE OF BIRTH 9.	AGE (In years If Under   Year   If Under 24 Hours last birthday) Months Days Hours Min.
1	10A. USUAL OCCUPATION (Give kind of rock fone during most of working life, even if retired)  A INDUSTRY	11. BIRTHPLACE (State or foreign	
	13. PATHER'S NAME	1 dal tema	WHAT COUNTRY?
	Les It. Masens all	14. MOTHER'S MAIDEN NAME	Hannah Ala
ľ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO.	17. INFORMANT	Appress
		nw Ass Marier	eft dame
	7700	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	last la	14.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	or overomore	
	Injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	anis selvoses	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	1 + 1	
	UNDERLYING CONDITION LAST.	repression-my	produtis
	E III		
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20, AUTOPSY?
	O at accomply was under 1 at a PLACE OF INJURY (	Late WHERE DID. (If in	Baltimore City, give exact location)
	21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.	in or 21c. WHERE DID (If in ob.) INJURY OCCUR?	Baltimore City, give exact location)
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS OF INJURY	ED 21F. HOW DID INJURY O	CCUR?
	m. WHILE AT NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from	1953, to 2/1	3, 1953 that I last saw the
	deceased alive on 112, 19 53, and that death occu	rred at from the case. ADDRESS	causes and on the date stated above.
	Juliu a Scheureck M.D.	1337 S. Clarles	4. 2/13/53
	24A. BURIAY. (REMA- 24B. DATE 24C. NAME OF CEMETE 100), REMOVAL (Specify) 2 7 5 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pi	ATION (City, town, or county) (State)
	DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS_
	LOCAL REGISTRAR Huntington 1915	of goley als	no 13,8 Lugher



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53	1744
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VS 150

## BALTIMORE CITY HEALTH DEPARTMENT

53	1744

INAME OF DECEASED  Type or Print)  John P. Seid  B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution)			2. DATE OF DEATH	eb, 14	
B. PLACE OF DEATH: A. Baltimore City, Maryland					1053
		4. USUAL RESIDENCE A. STATE Maryland	(Where deceased live	ed. If instituti	ion: residence before admission)
HOSPITAL OR NSTITUTION 3715 Arcadia	location)	N	(If outside corporate	limits write	RURAL and give township)
Length of stay in Baltimore Lifeti	Yrs.	D. STREET ADDRESS (3715 Arcad		n)	
	E. MARRIED.	8. DATE OF BIRTH 10V.3, 1906	9. AGE (In yea Last birthday	months Da	ays Hours Min.
ork done during most of working life, even if retired)  Glazier  Auto	glass	11. BIRTHPLACE (State of Baltimore			TIZEN OF HAT COUNTRY?
3. FATHER'S NAME Frank N. Seidl	(4)	Lydia V. We			
(If yes, give war or dates of service)		Sarah P. Sei	dl ₁ 3715	Arcadi	
LEADING TO DEATH  (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABDVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CDN	(B)	ormany Th	(m(ns		2 mnis
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	D •	an			
19A. DATE OF OPERATION   19B. MAJOR	FINDINGS OF OPERA				O. AUTOPSY?
LYING OR CONTRIBUTING about home, f	ACE OF INJURY (e. g., in o farm,factory,street,office bldg.,etc.	21c. WHERE DID INJURY OCCUR?	(If in Baltimore C	lity, give exa	ct location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  m. WORK NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased alive on FEB. 17, 1953, 23A. SIGNATURE	and that death occurre	ed at 9 1 m., from	the causes and	on the date	e stated above.
	M. D.	B. ADDRESS Cente	story Re	7	DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETERY	ODENATORIAL	LOCALICA (O)		ty) (State)

53035

Dr feven 41818 Reisterston Rd

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Yrs.

Registered No.

INTERVAL BETWEEN

ONSET AND DEATH

BIRTH NO

supplied.

ully

should be

information death

of

1. NAME	OF	DECEASED
(Type or	Print	)

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or INSTITUTION

JOHNS HOPKINS HOSPITAL

c Length of stay in Baltimore

5. SEX

IOA. USUAL OCCUPATION (Give kind of conditions during most of working life, even if retired)

alumenen 13. FATHER'S NAME

18.

CERTIFICATION

EDICA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)

Mos. Days 6. COLOR OR RACE | 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)

108 KIND OF BUSINESS OR

16. SOCIAL SECURITY NO

DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)

2. DATE

(If outside corporate Imils, write RERAL and give C. CITY OR TOWN D. STREET ADDRESS (If rural, give location)

AGE (In years If Under 1 Year last birthday) Months Days Hours Min.

(State or foreign country) 12. CITIZEN OF WHAT COUNTRY

14. MOTHER'S MAIDEN NAME 17. INFORMANT ADDRESS

HOPKINS HOSPITAL

CAUSE OF DEATH

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

pertensing cardiovanular & renal 1545 DUE TO

19B. MAJOR FINDINGS OF OPERATION

with Melita

INJURY OCCUR?

(If in Baltimore City, give exact location)

. 1953, that I last saw the

23c. DATE SIGNED

(State)

21B. PLACE OF INJURY (e. g., is or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

LOCAL REGISTRAR

VS 150

19A, DATE OF OPERATION

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

NOT WHILE

OF INJURY AT WORK

22. I hereby certify that I attended the deceased from_ deceased alive on 2-12, 1953, and that death occurred at 11.35 Pm., from the causes and on the date stated above.

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE

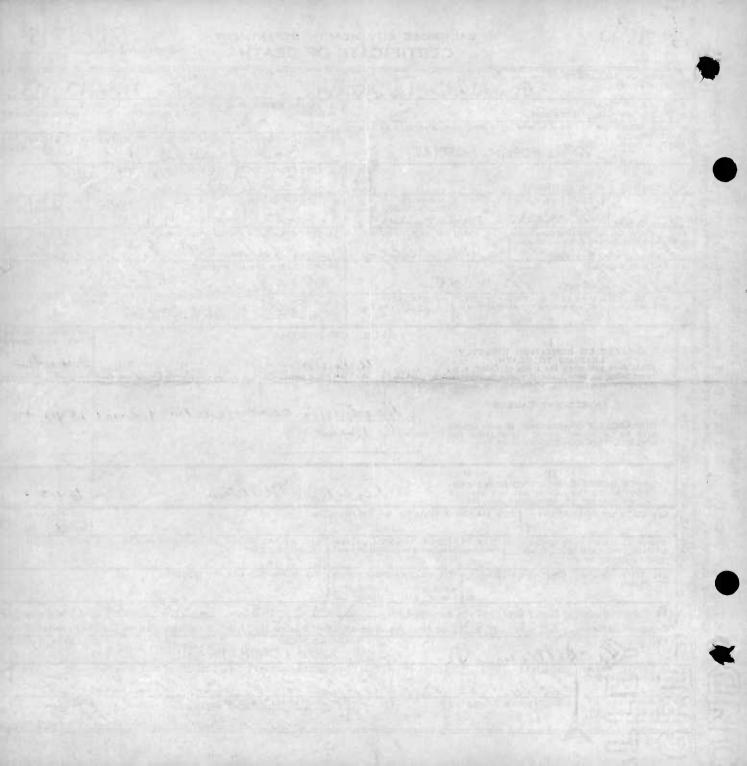
238. ADDRESS 24C. NAME OF CEMETERY OF CREMATORY | 24D. LOCATION (City, town, or county)

21F. HOW DID INJURY OCCUR?

19 5 3 to_

JOHNS HOPKINS HOSPITAL

important. especially



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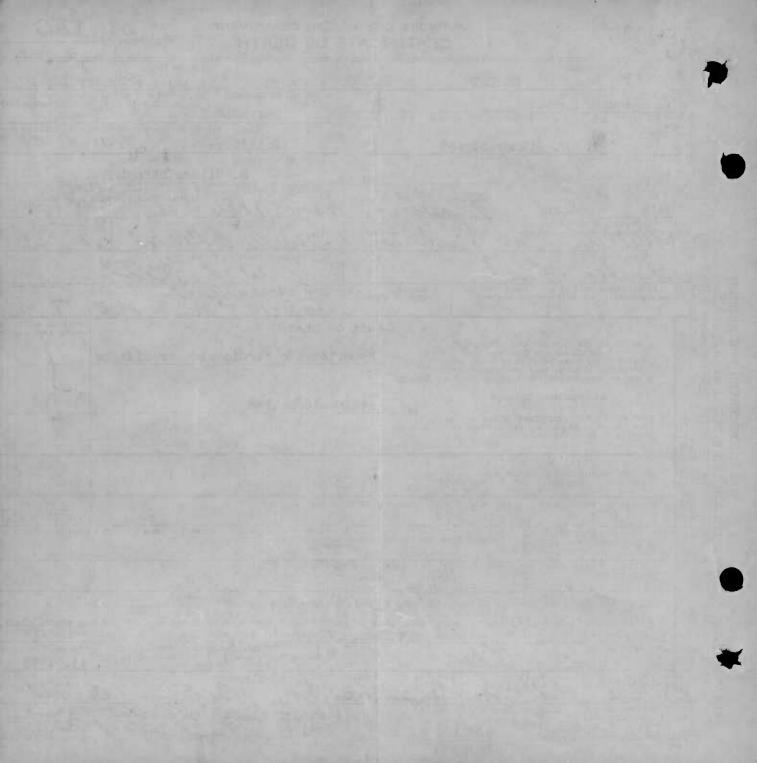
## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1746

BIRTH NO.	CE	RIFICATE	OF DEATH		
1. NAME OF DECEA (Type or Print)				2. DATE	
	ROBERT	FISHER			ruary 12, 1953
a. Baltimore City,			A. STATE	E (Where deceased lived, B. COUNTY	If institution: residence before admission
B. FULL NAME OF	f not in hospital or institution, g		Maryla		
HOSPITAL OR INSTITUTION		location)	c. CITY OR TOWN	(If outside corporate lin	nits write RURAL and giv township
916	N. Gilmor Street		Baltime		- wante
20		Yrs. Mos.		(If rural, give location)	
c. Length of stay in		Days	910 N.	Gilmor Street	
Male Co	plored man	DIVORCED (pecify)	may 15,181	4 68	Months Days Hours Min
10A. USVAL OCCUPA ork domenting most deskin	TION (Give kind of ag life, even if retired)	BUSINESS OR INDUSTRY	11. BRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Like	Part	14. MOTHER'S MAIDE	N NAME /Col	l.
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?   16	SOCIAL	T72JNFORMANT	1 300	ADDRESS
Yes, no or unknown) (If	yes, give war or dates of service)	SECURITY NO.	mas for	1 1 7 W	.31 TI IN
1.0 1.10	2000	1	402/-/3/-	91. 10.7	INTERVAL RETWEE
18. 443X	ana 222.0	CAUSE	OF DEATH		ONSET AND DEAT
LEA	R CONDITION DIRECTLY DING TO DEATH	Hamea	tencive cordi	ovascular dise	950
heart failure, ast	mean the mode of dying, e.g., thenia, etc. It means the disease,	(A)	benorve carur	Overcuter afre	ase
injury or comp	ication which caused death.)	XXXXXXX			
ANTE	CEDENT CAUSES	Acuta	alcoholism		
DISEASES OR	CONDITIONS, IF ANY, GIVING	(B)			
DISEASES OR OR RISE TO THE AB UNDERLYING	OVE CAUSE (A) STATING THE CONDITION LAST.	OUE TO			
5		(C)			
	11				
OTHER SIGNIE	FICANT CONDITIONS CON-				
TO THE DISEASE	OR CONDITION CAUSING IT.				A COLUMN TO THE REAL PROPERTY OF THE PERSON
19A. DATE OF OP	ERATION 198. MAJOR FIN	IDINGS OF OPERA	IIION		20. AUTOPSY?
21A. EXTERNAL C	ALICE WAS 218 PLACE	OF INJURY (e. g., in	or   21c. WHERE DID	(If in Baltimore City	
21a. EXTERNAL C UNDERLYING UTING CAUSE	OR CONTRIB. about home, farm, fa	actory.street,office bldg.,et		(22 111 2010111012 010)	, , , , , , , , , , , , , , , , , , , ,
21D, TIME (Month		INJURY OCCURRE	D 21F. HOW DID IN.	JURY OCCUR?	
	m. WHILE				
22. I certify the	at I took charge of the rem	ains described ab		Autopsy	thereon and from
	e obtained by said Autopsy, n my opinion resulted from		iquiry, find that sai		the day stated above
23A. SIGNATURE	- To product reduced from		238. CHIEF MEDIC	AL EXAMINER	23c. DATE SIGNED
1 / uu	in O storest	M.I		GAL EXAMINER	eb. 13, 1953
24A. BURIAL, CREMA		NAME OF CEMETER		D. LOCATION (City, tow	n, or county) (State)
Surel	Feb. 16 1953 W	Luter Trees	. Ple &	Fattime.	Cv. med.
DATE RECEIVED BY	REGISTRAR'S SIGNATURE	Mallet Ast	5. FUMERAL DIRECT	ary course	PADRES
LOCAL REGISTRAR	The same of the	-3 13 200	- HARLING	ac Comment	

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61051



S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Mos. Days 3209 Milford Ave.  S. DATE OF BIRTH 9. AGE (In years lift Under 1 Year last birthday) Months: Days Hours Min.  Aug. 24, 1878 74 yrs  10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	11	1155	14.5 H			
Second   S	-	427	BALTIMORE CITY HE	EALTH DEPARTMENT	53 4777	
S. PLACE OF DEATH  S. PLACE OF DEATH  Baltimore  Baltimore  C. Long of Print)  S. PLACE OF DEATH  Baltimore  Baltimore  C. For DEATH  Baltimore  C. CITY OR TOWN (If outside corporate jimits, write RUIAL and pive with the period admission)  C. CITY OR TOWN (If outside corporate jimits, write RUIAL and pive with the period admission)  C. CITY OR TOWN (If outside corporate jimits, write RUIAL and pive with the period admission)  C. CITY OR TOWN (If outside corporate jimits, write RUIAL and pive with the period admission)  S. SEX  WIDOWED, DIVORCED (Speels)  Baltimore  S. SEX  O. COLOR OR RACE  7. SINGLE, MARRIED  WIDOWED, DIVORCED (Speels)  B. DATE OF BIRTH  D. AGE (In year)  Blisher Very  AUG.  C. CITY OR TOWN (If outside corporate jimits, write RUIAL and pive with the period admission)  S. SEX  WIDOWED, DIVORCED (Speels)  Baltimore  S. COLOR OR RACE  7. SINGLE, MARRIED  WIDOWED, DIVORCED (Speels)  Baltimore  S. COLOR OR RACE  7. SINGLE, MARRIED  WIDOWED, DIVORCED (Speels)  Baltimore  S. COLOR OR RACE  7. SINGLE, MARRIED  WIDOWED, DIVORCED (Speels)  Baltimore  S. COLOR OR RACE  7. SINGLE, MARRIED  WIDOWED, DIVORCED (Speels)  AUG.  C. CITY OR TOWN (If outside corporate jimits, write RUIAL and pive with the period admission)  S. STREET ADDRESS (If rural, give decision)  S. STREET ADDRESS (If rural, give decision)  S. STREET ADDRESS (If rural, give decision)  Md.  C. CITY OR TOWN (If outside corporate jimits, write RUIAL and pive with the period decision)  S. STREET ADDRESS (If rural, give decision)  Md.  C. CITY OR TOWN (If outside corporate jimits, write RUIAL and pive with the period control in mark in the period control in mark in the period control in mark in mar	ı	53 1797			Registered No.	
S. PLACE OF DEATH  S. PLACE OF DEATH  Baltimore  B. FULL NAME OF (If not in hospital or institution, give street address or location)  B. FULL NAME OF (If not in hospital or institution, give street address or location)  B. FULL NAME OF (If not in hospital or institution, give street address or location)  B. FULL NAME OF (If not in hospital or institution, give street address or location)  INSTITUTION  C. Length of stay in Baltimore  Days  S. SEX  O. OLOGO OR RACE  7. SINGLE. MARRIED.  WINDOWED. DIVORCED (Specify)  HOUSEWIFE  10. USUAL OCCUPATION (Give hidded   10.8. KIND OF BUSINESS OR INDUSTRY HOUSe with the day)  HOUSEWIFE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARKED FORCES! (If year, give were or date of service)  15. WAS DECEASED EVER IN U. S. ARKED FORCES! (If year, give were or date of service)  16. SOCIAL (Yea, no or unknown)  17. INFORMANT  WILLIAM Kleinhenz-3209 Milford AP  18. H. J.					0.0075	
8. Baltimore City, Maryland 8. FULL NAME OF CITY OF CITY OF CONTROL OF CITY OF CONTROL OF CITY OF CONTROL OF CITY OF CONTROL OF CITY O	(7		therine Kleint	1042	OF 2/12/2	
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Raltimore  O. Tree Hongth of stay in Baltimore  O. STREET ADDRESS (If rural, gived-billon)  Solve Baltimore  O. STREET ADDRESS (If rural, gived-billon)  In galtimore City, give ballons  In galtimore  O. STREET ADDRESS (If rural, gived-billon)  In galtimore  O. STREET ADDRESS (If rural, gived-billon)  In galtimore  O. STREET ADDRESS (If rural, gived-billon)  In galtimore  O. STREET ADDRESS  II galt birthday  II galt birthday  On the galtimore  O. STREET ADD	В.	FULL NAME OF (If not in hospital		20.00	B. COOKIT Defote aut	mission)
C. Length of stay in Baltimore  S. SEX  G. COLOR OR RACE  OUTDOWN DIVIDED, DIVORCED (Specify)  No. 12  O. STREET ADDRESS (If rural, givegethon)  Days  S. DATE OF BIRTH  P. AGE (in years) libility   Year   Huston Palloun   Inat birthday) Months: Days   Hours   Min.  Aug. 24, 1878  Aug. 24, 1878  To Aug. 24, 1878  To Yura  II. BIRTHPLACE (State or foreign country)  HOUSEWIFE  II. BIRTHPLACE (State or foreign country)  John Mische  II. BIRTHPLACE (State or foreign country)  II. BIRTHPLACE (State or foreign country)  John Mische  II. BIRTHPLACE (State or foreign country)  II. BIRTHPLACE (State or foreign country)  John Mische  II. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign country)  John Mische  III. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign country)  John Mische  III. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign country)  John Mische  III. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign country)  John Mische  III. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign country)  John Mische  III. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign country  III. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign country  III. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign country  III. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign country  III. BIRTHPLACE (State or foreign country  III. BIRTHPLACE (State or foreign country  III. BIRTHPLACE (State or foreign cou		NOITUTITEN		C. CITY OR TOWN (If or		
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5. SEX   S. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (in years)   1 low of 1 lo	c	Length of stay in Baltimore	Mos.			
TOA. USUAL OCCUPATION (Give kinded)  IOA. USUAL OCCUPATION (Give kinded)  Wind doed during most of working (file, even if retired)  HOUSEWITE  13. FATHER'S NAME  JOHN MISCHE  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  16. SOCIAL  WILLIAM (If yes, give war of dates of service)  17. INFORMANT  William Kleinhenz-3209 Milford And SECURITY NO.  SECURITY NO.  18. #22 / CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, astenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  20. AUTOPSYT YES NO  21. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  21. HUMBER IN THE COUNTRY?  WHILE AT (NOT WHILE )  21. HUMBER 24, 1878  14 YFS  15. BATT LACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Germany  12. CITIZEN OF WHAT COUNTRY?  13. HATTHALACE (State or foreign country)  14. MOTHER'S MAIDEN NAME  15. MAG OF COUNTRY?  WHILE AT (NOT WHILE )  15. MAG OF CONTRY?  16. SOCIAL  WHAT COUNTRY?  17. INFORMANT  WILLIAM Kleinhenz - 3209  MILFONIAN WHAT COUNTRY?  17. INFORMANT  WILLIAM Kleinhenz - 3209  MILFONIAN WHAT COUNTRY?  18. HATTHALACE (State or foreign country)  19. CITIZENO OF COUNTRY?  19. CAUSE OF DEATH  10. DATE OF TOWN AND COUNTRY?  10. DATE OF TOWN			7. SINGLE, MARRIED,		9. AGE (in years) If Under 1 Year   If Unde	
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		or moon			AND LANGE	1.31

22. I hereby certify that, I attended the deceased fromand that death occurred at 3 deceased alive on_ from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED posys.

24d, LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Feb. 17,53 Woodlawn Cem. Woodlawn, Md. Burial

DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS

24c. NAME OF CEMETERY OR CREMATORY

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he	BIRTH	NO.		CERTIF	CATE	OF DEATH		Registered	NO	7 7 8 2 9
ed.	I. NAI (Type	ME OF DECEASED or Print)	AGNES	TERRY	)	WEET WITH	2. D	ATE OF EATH	13/5	3
supplied	A. Bal	CE OF DEATH: timore City, Mar				4. USUAL RESIDEN		eeeased lived. I	f institution : befo	residence re admission
lly	HOSPI	L NAME OF (If I	not in hospital or in	stitution, give street	location)	c. CITY OR TOWN	(If outside	corporate lim	its, write RD	RAI and give township
ru ibly.	34			431	7 Yrs.	D. STREET ADDRES	S (If real, g	rive location)	1	
leg		ngth of stay in Ba		301	Mos. Days	192	-1 Law	rella	live	
should be	5. SEX	F	2 w	NGLE, MARRIED, IDOWED, DIVORCI	ED (Specify)	8. DATE OF BIRTH	9. Ac	SE (In years st birthday)	H Under 1 Year Ionths Days	M Under 24 Hours Hours Min.
on shou	work done	SUAL OCCUPATION during most of working life,	quen if retired)	MIND OF BUSINE	SS OR NDUSTRY	Mary.	lune	ountry)	12. CITIZ	EN OF COUNTRY
information s of death cle	13. FA	THER'S NAME	Sim	itu		14. MOTHER'S MAIL	DEN NAME	10//-		
f info	15. WA (Yes, no c	S DECEASED EVER IN (If you, gi	U, S. ARMED FORC	ES? 16. SOCIAL SECUR	ITY NO.	17. INFORMANT	tuer.	11	ADDRESS	
NG INK. Every item of is: please write the causes	NOL	DISEASE OR CO LEADING (This does not mean heart failure, asthenia injury or complicati	etc. It means the on which caused ENT CAUSES DITIONS, IF ANY, CAUSE (A) STATI	g, e. g., (A) disease, death.) DUE TO	T)	nobable C. V. E. C. V.D	. V. A.			AL BETWEEN
UNFADING Physicians:	10	OTHER SIGNIFICA TRIBUTING TO THE D TO THE DISEASE OR	EATH, BUT NOT R	ELATED						
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LY, WITH important.	D LY	A. ACCIDENT WAS ING OR CONTRI		B. PLACE OF INJU home, farm, factory, street				altimore City,		location)
<b>≥</b>		D. TIME (Month) () INJURY	Day) (Year) (Hour	) 21E. INJURY  WHILE AT WORK	OCCURRE NOT WHILE	D 21F. HOW DID 1	NJURY OCC	UR?		
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ASE ect ag		BURIAL, CREMA- EMOVAL (Specify)	A 17.19	24C. NAME 0	FCEMETER	RY OR CREMATORY	Ball	ON City, tow	n, or county)	(State)
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	CERTIFICATE OF DEATH  Registered No.					
	BIRTH NO. CERTIFICATE	- OF DEATH Registered No.				
	1. NAME OF DECEASED	2. DATE				
	(Type or Print) Annie M. Schaum	OF DEATH Feb. 14,1953				
1	S. PLACE OF DEATH:  a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission				
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR St. Joseph & Hospital location)	Maryland				
	INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write HUR) L and give township				
	11:00 N. Caroline St.	Baltimore				
0	Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 1617 E. 31st St. #18				
	c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) II Under I Year   If Under 24 Hours				
	Female White 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Wid.	4/9/1874 last highday) Months Days Hours Min.				
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
	work done during most of working life, even if retired)  Hwfe.	Baltimore USA WHAT COUNTRY				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Albert E Schulz	ELIZABETH HULSMANN				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS ///				
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MR LAWRENCE TKANE- E 3157				
	101500					
		OF DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CARCIN	noma of Transverse Colon				
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	injury or complication which caused death.) DUE TO					
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	OTHER SIGNIFICANT CONDITIONS CON-					
	TO THE DISEASE OR CONDITION CAUSING IT.					
	19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPERA	or coron of trem				
	November 15, 1952   Adenocarcinoma of col	oc with adhesions & obstruction   YES   NO   or   21c, WHERE DID (If in Baltimore City, give exact location)				
	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et					
4	S GYOSE OF BEATH					
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	ED 21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE AT WORK AT WORK 11 1057 Feb 1/1 53						
	23a. SIGNATURE 2:	38. ADDRESS 23c. DATE SIGNED				
0	M. D.	1400 N. Caroline St. #13   Feb. 14, 153				
	24A. BURIAV. CREMA. 24B. DATE 24C. NAME OF CEMETER	TI ON CALIVIATORY 24D. LOCATION (City, town, or county) (State)				
	Burial of 100 doudon	Tank salu ma				
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				

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#A 1517 4/9/1874

### BALTIMORE CITY HEALTH DEPARTMENT

1752

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	10.2.700		
1. NAME OF DECEASED (Type or Print) WILLIA	M F. BEEDLE,	JR.	2. DATE OF DEATH Feb.	13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	nere deceased lived, If i	institution : residence before admission		
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION 5515 Playmon	location)	Maryland c. city or town (If o Baltimor	utside corporate limits			
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If ro				
5. SEX 6. COLOR OR RACE 7. S W	INGLE, MARRIED. IDOWED, DIVORCED (Specify) WIdowed	8. DATE OF BIRTH Feb. 19, 1903	9. AGE (in years line last birthday) Mor	Under 1 Ywar nths Days Hours Min.		
male White  Toa. USUAL OCCUPATION (Give kind of lob. work done during most of working life, even if retired)  Asst. Supt. Oxford H  13. FATHER'S NAME  Wm. F. Beedle, Sr.  15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no or unknown) (If yes, give war or dates of services)	MIND OF BUSINESS OR INDUSTRY OME IMP CO	11. BIRTHPLACE (State or for Baltimore, Mar 14. MOTHER'S MAIDEN NAM	vland	12. CITIZEN OF WHAT COUNTRY		
Wm. F. Beedle, Sr.		Henrietta Bau	er			
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of serv	16. SOCIAL SECURITY NO. 216-01-5980	17. INFORMANT Mr. Wm. F. Bee		Plymouth		
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REDUTING TO THE DEATH, BUT NOT REDUTING TO THE DISEASE OR CONDITION CAUSE	g. e. g., (A) disease, death.) DUE TO	onary The	urlmin	INTERVAL BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED					
19A. DATE OF OPERATION 19B. M.	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour OF INJURY)  22. I hereby certify that I attended deceased alive on 2 - 12-, 19.	B. PLACE OF INJURY (e. g., i home, farm, factory, street, office bidg.,	or 21c. WHERE DID (If	in Baltimore City, g	YES NO Live exact location)		
21D. TIME (Month) (Day) (Year) (Hour OF INJURY	215. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK					
23A. SIGNATURE PLA	whe M.D.	3B. ADDRESS Herelo	ed Ked	2-16-53		
	Moreland	. 1//	Ltimore, M	or county) (State)		
Burial 2/17/53 DATE RECEIVED BY REGISTRAR'S SIG	NATURE 3	THE WAR OF THE PURE	44	ADDRESS		

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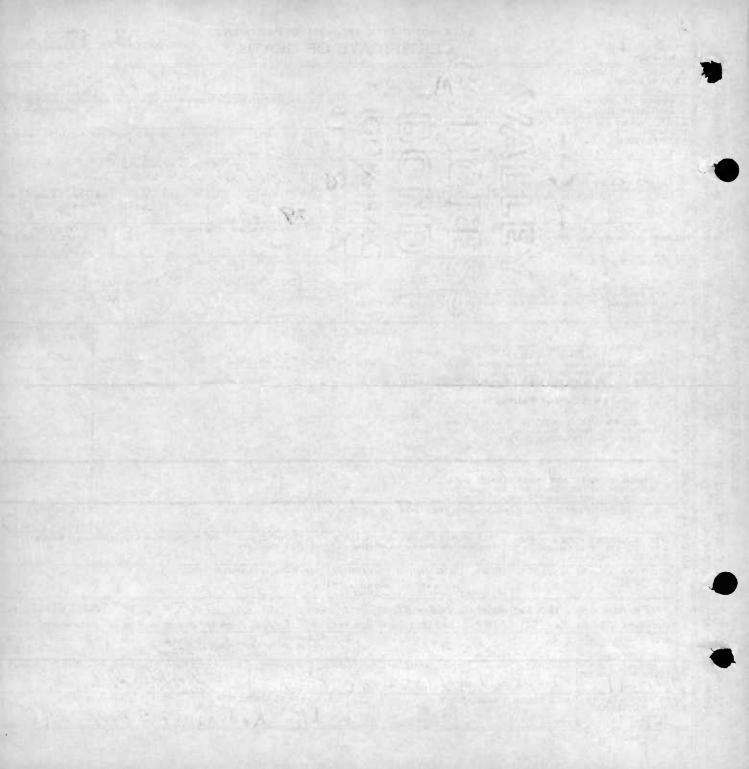
Ruck,

5305 Harford Road.

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Dr. Peake 4508 Harford County Section Control of b:30 -

Registered No. 1754
rogister u 110,
2. DATE / _/_6
OF 2/15/53
Where deceased lived. If institution: residence
B. COUNTY before admission)
f outside corporate limits, write RURAL and give
township)
rural, give location)
~ Ave
9. AGE (in years I Under I Year I Under 24 Hours last birthday) Months Days Hours Min.
88
oreign country) 12. CITIZEN OF
WHAT COUNTRY?
AME
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had.
INTERVAL BETWEEN ONSET AND DEATH
is Thrombosio 2-3 who
SALISTY HOLINGE SERVICES
I 20. AUTOPSY?
YES NO
If in Baltimore City, give exact location)
Y OCCUR?
2 /15, 1953, that I last saw the
the causes and on the date stated above
the causes and on the date stated above.
25/17/2/15/15/15
OCATION (City, town, or county) (State)
4-14 N1
124/10/10
ADDRESS
15-1305 Markord Rd



15,1953

before admission)

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

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Living and the

# BALTIMORE CITY HEALTH DEPARTMENT

1756

B	BIRTH NO.			CERTIFICAT	E OF DEATH	Registered 1	No.
	. NAME OF DI		2468	th Car	den	2. DATE OF DEATH	1-16-53
A		EATH: City, Maryland			A STATE	(Where deceased lived, If B. COUNTY	
	FULL NAME	OF (If not in hos)	ital or institut	ion, give street address or location	c. CITY OR TOWN	(If outside corporate limit	write PUPAT and air
"	NSTITUTION	Upiver.	sity	Hospitel	Elliots	City	township
1/20	Length of st	tay in Baltimore		Yrs. Mos. Dnys	D. STREET ADDRESS	(If rural give location)	6300
5	F. SEX	6.COLOR OR RAC		E, MARRIED. ZED, DIVORCED (Specify)	7-13-1896		f Under 1 Year If Under 24 Hours Onths Days Hours Min
		CUPATION (Give kind f working life, even if retire		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
1:	3. FATHER'S N		13,17-00		14. MOTHER'S MAIDEN	NAME	
	Wm	marzens			marial So	with.	/
(Y	5. WAS DECEASE es, no or nnknown)	D EVER IN S. S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	le R. DA	DDRESS
_	no	no		none	12m Carden	Eller	city
	18. 002	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION		D		T 1	
	heart failu	not mean the mode re, asthenia, etc. It m complication which	of dying, e. s eans the diseas	e,	UIMONERY	luberculosi	5 @ 104+3
		ANTECEDENT CA	JSES				
Z	DISEASES	OR CONDITIONS	IF ANY, GIVIN	(B)	***************************************	***************************************	***************************************
Ě	RISE TO THE	HE ABOVE CAUSE (	) STATING TH				
TIFICATION				(C)	***************************************	0<0<4 * 4 \$ 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
ERTIF	TRIBUTING	II IGNIFICANT CON TO THE DEATH, BU	T NOT RELATE	D AMULO	idasis -		
U		F OPERATION	to transfer to the	FINDINGS OF OPE	RATION		I 20. AUTOPSY?
A L		V					YES NO
EDICAL	21A. ACCID. LYING OF CAUSE OF I	ENT WAS UNDER CONTRIBUTING		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
Σ		Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJ	URY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22. I hereby	y certify that I o			- 15 , 1953, to	2-16 ,195	3, that I last saw th
					rred at 13:50 m., fro		
	23A. SIGNAT	TURE	1174 (5 11		23B. ADDRESS	11 +0	23c. DATE SIGNED
11		All ans	us,	м. р.	Universela	100001161	2-16-53

24c. NAME OF CEMETERY OR CREMATORY

FUNERAL DIRECTOR

RITE PLA LY, WITH is especially important. PLEASE correct ag

UNFADING INK. Physicians: please

VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

REGISTRAR'S SIGNATURE

ADDRESS

(State)

24D. LOCATION (City, town, or county)

	d be cally supplied.	
	cully	egibly.
	should be	early and l
ING	formation	f death cle
OR BINI	item of in	e causes c
RVED F	Every	write th
RESE	G INK.	please
MARGIN RESERVED FOR BINDING	PLEASE RITE PL. LY, WITH UNFADING INK. Every item of information should be	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
	LY, WITH	mportant.
		1 6
	TE PLA	especial
د	CC.	V.S
	छ	age
	PLEAS	correct

MEDICAL

1	1214	
	3 1757 BIRTH NO.  BALTIMORE CITY HE CERTIFICATI	
	1. NAME OF DECEASED (Type or Print) Wie defeld, Helen	2. DATE. OF DEATH 2/15/53
	a. Baltimore City, Maryland -  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) C. CITY OR TOWN (If outside typporate limits, write, RURA) and give
· Provedo	Trandlin Square Hospital  C. Length of stay in Baltimore  Transport  Yrs.  Mos.  Days	Baltimes se (township)  D. STREET ADDRESS (If rural, give location)  +03+ Stanuard Ore
2	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  3 / 15 / 1899  9. AGE (In years of Under 1 Year Months Days Hours Min.
	10A. USUAL OCCUPATION (Givekindof work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
-	Charles H Schenkel	Mary Louise Clifton
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
200	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH  rebyal Hemorrhage  Rebyal Pressure

### RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CERTIFICAT UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH

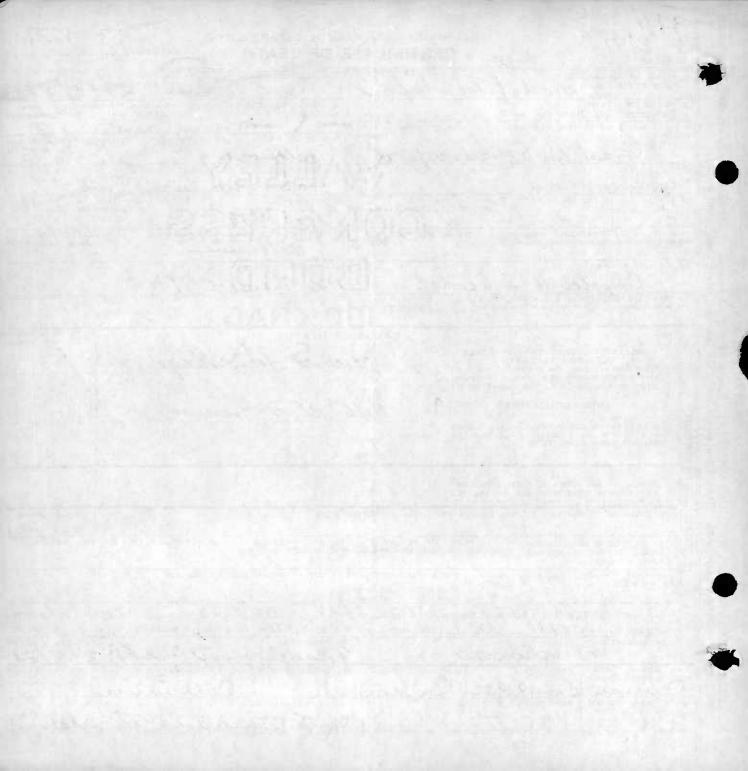
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE

22. I hereby certify that I attended the deceased from. 19 53 to. , 19 53 that I last saw the 19 53, and that death occurred at 4.45km., from the causes and on the date stated above. deceased alive on 2 23A. SIGNATURE

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME Burial

DATE RECEIVED BY LOCAL REGISTRAR



580 1758	3
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.	758	3
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В	IRTH NO. CERTIFICAT	E OF DEATH	Registered West 1400	
1.	NAME OF DECEASED		2. DATE 3:30 Q.m.	
(3	Type or Print) Mary Bell		DEATH Feb 15-53	
	. PLACE OF DEATH:	4. USUAL RESIDENCE (W	here deceased lived. If institution: residence	
11	Baltimore City, Maryland U	A. STATE	B. COUNTY before admission)	
	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR (If not in hospital or institution, give street address of location		Balt.	
	NSTITUTION fifthe Sintersof the too	C. CITY OR TOWN (If	outside corporate limits, write RUHAL and give township)	
-	020000000000000000000000000000000000000	1 Dall	more IV	
17	Yrs. Mos.	D. STREET ADDRESS (If r	0.8	
e.	Length of stay in Baltimore Days	12000	alley St.	
5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (in years If Under 1 Year If Under 24 Hours Inst birthday) Months Days Hours Min.	
1	le - de White	none 27, 1881	7 / Months Days Hours Min.	
10	A. USUAL OCCUPATION (Givekindel) 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)   12. CITIZEN OF	
WOL	k doneduring most of working life, even if retired) INDUSTR	Y > 1 1	WHAT COUNTRY?	
12	housewife	manyland		
	S. A.	14. MOTHER'S MAIDEN NA	ME	
	A homas Cosgrove	- Veramas	Wilson	
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
'-	SECORITY NO.	fitte lite	wal the found	
	18. 11 2 2 1 CAUSE	OF DEATH	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	O. BEATT	ONSET AND DEATH	
	LEADING TO DEATH	mie Vallaguet	elis I us	
1	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	William My Twin	- 4 - A	
	injury or complication which caused death.) DUE TO	- 1100		
	ANTECEDENT CAUSES	land allow	Lun	
Z	DISTANCES OF COMPLETIONS	wiw - access	W - 1	
NOIT	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		7-1.	
<	UNDERLYING CONDITION LAST.	some Ironesi	lles 141.	
RTIFIC				
IIE.	OTHER SIGNIFICANT CONDITIONS CON-			
11 11	TRIBUTING TO THE DEATH, BUT NOT RELATED			
U	TO THE DISEASE OR CONDITION CAUSING IT.			
با	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?	
N S			in Baltimore City, give exact location)	
EDI	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., sbout home, ferm, factory, street, office bldg		in Baltimore City, give exact location)	
N N	CAUSE OF DEATH			
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F, HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHIL			
1			26. 15 1962 that I last saw the	
	deceased alive on 16-14-, 1953, and that death occur		that I last saw the c causes and on the date stated above.	
	deccased alive on 706/4-, 1953, and that death occur	23B. ADDRESS	23c. DATE SIGNED	
	6 4,01 Elall 11,19	11. 216 8/MIL	ave 7.00-15-53	
24A. BURIAL, CREMA-  24B. DATE   24C. NAME OF CEMETERY OR CREMATORY   24D. LOCATION (City, town, or county) (Stat				
TI	ON, REMOVAL (Specify)		n -	
	Bural Ger 181953 Calledr	al 160	llimore	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS	
	FEB 1 61993 Thungton The Maries 62	Whila Wierle	feld 9006 Beddle IV	

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

ADDRESS

1. NAME OF DECEASED 2. DATE 7:00 a. 2m (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) butside corporate limits, write RUKA, and give c. CITY OR TOWN INSTITUTION township Yrs. D. STREET ADDRESS (If rural, give location) Mos. c Length of stay in Baltimore Days 9. AGE (In years | Il Under 1 Year | Il Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, BWORSED (Specify) 29 -10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s houseun 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 1B. CAUSE OF DEATH 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Fal-12-_, 1963, that I last saw the , 1953, to neb- 13 deceased alive on 12614- 1963 , and that death occurred at A _m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

TE PLEASE

TION, REMOVAL (Specify)

DATE RECEIVED BY

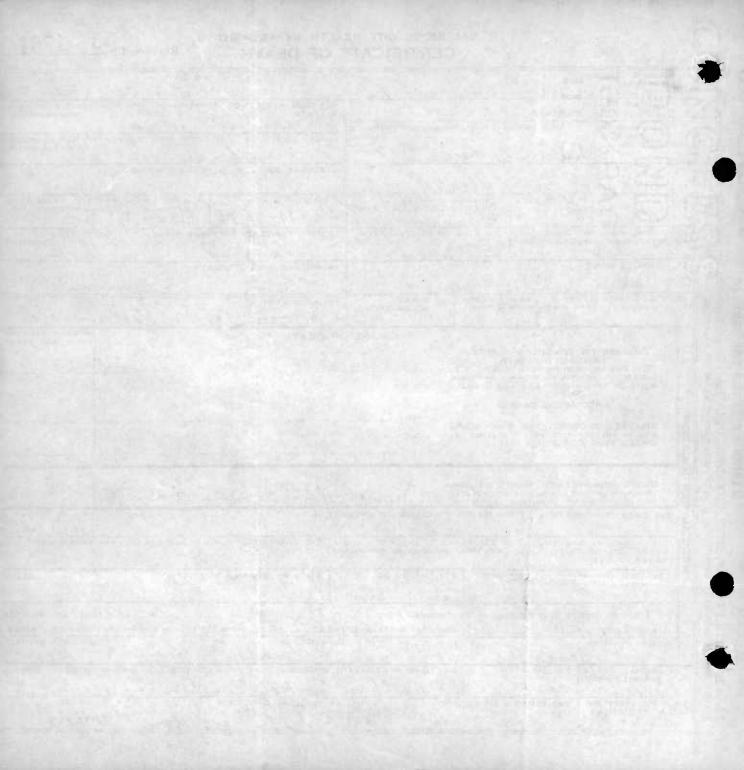
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

TO THE RESERVE OF THE PARTY OF ine Soleron FRANK 63 - 412 04 68 FACE 10 03 COM 8 Successful Tito - 1631 P. Kent and The Contract

B-	569, A 53, 1760	BALTIMORE CITY HEALT CERTIFICATE		Registered No	1760
lied.	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:	es Boon	4. USUAL RESIDENCE (W		
ully supplied y.	a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION JOHNS HOPKINS HO	stitution, give street address or location)	c. CITY OF TOWN (I)	B. COUNTY	RURAL degiv township
callegibli	c. Length of stay in Baltimore 7 Yx	Irs.	D. STREET ADDRESS (9)	grand	Year   M Under 24 Hours
should be	male Colored "	Married (Specify)	May-1-1920 11. BIRTHPLACE (State or fo	lag birthday) Months reign country)   12.0	
ation ath cl	13. FATHER'S NAME  Lester Boomer	n General	Panticker N.C  14. MOTHER'S MAIDEN NA  Lessie		·A.
of of uses	15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of serv NO	ES? 16. SOCIAL SECURITY NO.	JOHNS HOPKINS	HOSPITAL ADDRE	SS
FO it the	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	g, e.g., (A) Phevidisease,	monia - 19		PASET AND DEATH
RESERVED INK. Ever please write	ANTECEDENT CAUSES Z D DISEASES OR CONDITIONS, IF ANY,	(B)	olications		
MARGIN R UNFADING Physicians: p	ONDERETING CONDITION EAST.	(C)		of the state of th	
MA H UNF Phys	[ ]	ELATED	NTION		20, AUTOPSYZ
Y, WITH important.	LYING OR CONTRIBUTING about	B. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., etc	o.) INJURY OCCUR?	in Baltimore City, give e	YES NO NO NO NA
ally	21D. TIME (Month) (Day) (Year) (Hour OF INJURY)  22. I hereby certify that I attended	m. WHILE AT NOT WHILE MY WORK		6 /3 , 1913, the	nt I last saw th
RITE PI	deceased alive on 19 , 19 20 SIGNATURE	and that death occurr	red at S' m., from the mean of	HOSPITAL 233	te stated above
PLEASE correct ag	24a. BURIAL, CRIMA- TION, REMOVAL (Specify)  Burial  DATE RECEIVED BY REGISTRAR'S SIGNOCAL REGISTRAR	Broad Creek	Pa-	nticker N.C.	RESS UN
Дő	VS 150	97	Eling 60 WILL		we

NOT A MEDICAL EXAMINER'S CASE CHIEF OR ASST. MEDICAL EXAMINER

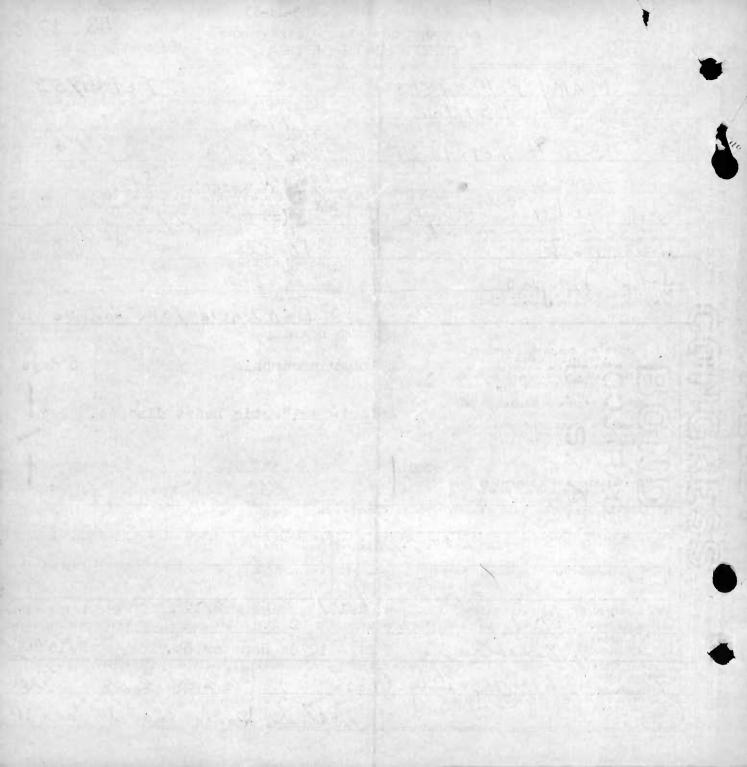


ENTIFICATE COMPECTED _ 3-11-53.

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1762 Registered No.

4	BIL	RTH NO.				
		NAME OF DECEASED  OPE OF Print) MARY, P. Meyers	2. DATE OF DEATH FE 6-15-18-53			
		PLACE OF DEATH: Baltimore City, Maryland BALTA	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
	HC	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)	C. CITY OR TOWN (If outside comprate limits, wrise R. Di. L. and give			
	INS	13 10 HANOVEY ST	BALTO LS (township)			
	57	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
		Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 1 075 9. AGE (In years) If Under I Year   If Under 24 Hours			
	7	Temple White Single (Specify)	MAT 18 (187-6) last hirthday) Months Days Hours Min.			
		A. USUAL OCCUPATION (Givekindof donoduring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY			
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
		John meyers				
	15. (Yes,	WAS DECEASED EVER N. U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS			
			S. DeNZLein 1035 Hanorer Sh.			
		470 %	OF DEATH			
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)LOL	par pneumonia 3 days			
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  LODAY DREUMONIA  3 days				
	_	ANTECEDENT CAUSES	rio sclerotic heart disease. ?			
	RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	TO PATATORIA MOSTO ATPOSSO			
	CA	UNDERLYING CONDITION LAST.				
	IF.	II				
	Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
	O .	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION   19B. MAJOR FINIS   19B. MAJOR F	RATION   20. AUTOPSY?			
	CAL		YES NO			
	EDI	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?			
	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?			
m. WHILE AT NOT WHILE AT WORK						
		22. I hereby certify that I attended the deceased from 2,				
5			rred at 2 A m., from the causes and on the date stated above.			
		Horn blevel M.D.	1226 Hanover St. 2/16/53			
3		A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE	1. 1.00 1 100			
3	-	TE RECEIVED BY- REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			
		CAL REGISTRAR	Rose 6.1 VL. 00 1000 S. Paca St.			



MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: please

ITE PLA Y, WITH is especially important.

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PLEASE correct ag

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) ANTONIOH. LANNELA	2. D	of EATH Feb 15-1953
A. Baltimore City, Maryland 13 ALTo.	A. STATE	ceased lived. If institution : residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location INSTITUTION		corporate limits, write EVURA and giv
607 Nyelh ST	BALTO	township
c. Length of stay in Baltimore 75 4 Mos	102 111	ive location)
MALE WhITE SINGLE, MARRIED, WIDOWED, DIVORCED (Special Special SINGLE)	8. DATE OF BIRTH 9. Ad lai	t birthday) Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)  INDUSTR	11. BIRTAPLACE (State or foreign of	ountry) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	a US
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(Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	ANNIO AVMIA	ADDRESS V
18. 4 \$ 2 X . CAUSE	OF DEATH	INTER AL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Commence of	lance la true da
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Charley Survice	00000
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	0	,,,
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UNDERLYING CONDITION LAST: .	In lestinal inch	pe rang
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19		20, AUTOPSY?
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g.	in or   21c. WHERE DID (If in B	YES NO Laltimore City, give exact location)
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bldg		miniore city, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR		UR?
nı. WHILE AT NOT WHIL	all to the safe	/ /
22. I hereby certify that I attended the deceased from		(5, 1953, that I last saw th
deceased alive on 3-614, 1953, and that death oce	238. ADDRESS	ses and on the date stated abov
Harry Cates M. D.	517 Acar	tW- 74 16/53
24A. BURIAL, CREMA- 24B. DATE   24C. NAME OF CEME	ERY OR CREMATORY   \$40. LOCATI	ON (City, town, or county) (State

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Bernaul Haile 1000 S. PACA. ST.

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2. DATE Blanche Singleton DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY W. North (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL novident Hospital Yrs. (If rural, give location Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Widowed IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTR Illiam Brons 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, hive war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. CALISE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-CE TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT WORK 22. I hereby certify that I attended the deceased from Seb. 10, 1953, to Feb. (3, 1953, that I last saw the deceased alive on 526. 12. 1953, and that death occurred at 1:00 A.m., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED 24B. DAT 24c. NAME OF CEMETERY OR CREMATORY

DATE RECEIVED BY LOCAL REGISTRAR VS 150

REGISTRAR'S SIGNATURE

INERAL DIRECTOR

ADDRESS

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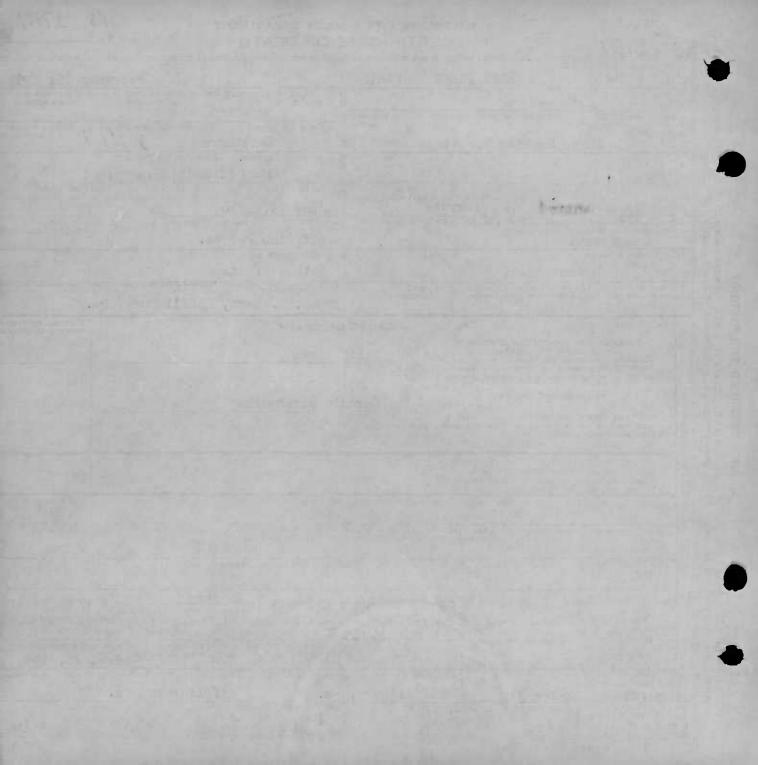
(State)

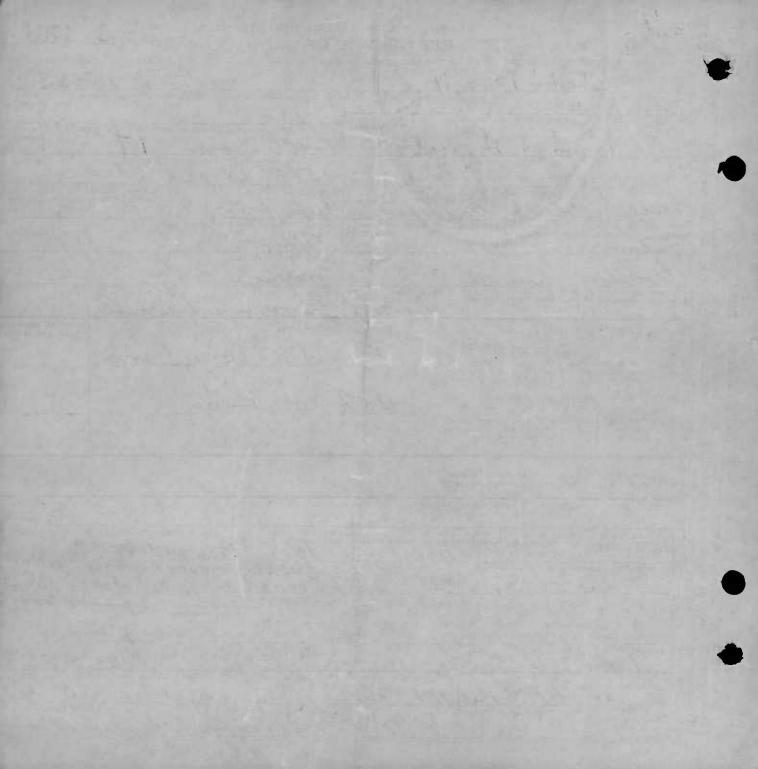
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2 W	BALTIMORE CITY HE	EALTH DEPARTMENT 53	1767.		
	BRTH NOTET CERTIFICATE	E OF DEATH Registered No.			
	1. NAME OF DECEASED (Type or Print) ARLAY IRENE PARKS	2. DATE OF DEATH Februar	ry 13. 1953		
lied	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY			
ns II	B. FULL NAME OF (f not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	Maryland  c. CITY OR TOWN (If outside corporate limit, write RURAL at town  Baltimore			
ully .	Johns Hopkins Hospital				
	Yrs. Mos. c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)  1629 E. Baltimore Street	et		
	5. SEX 6. COLOR DR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Married	June 19, 1918  9. AGE (In years last birthday)  314	r 1 Year   If Under 24 Hour		
shelear	10A. USUAL OCCUPATION (Givekind of orkdoneduring most of working life, even if retired) Housewife	Mifflinburg, Pa.	. CITIZEN OF WHAT COUNTRY		
atior th c	13. FATHER'S NAME Martin Hommel	14. MOTHER'S MAIDEN NAME Hattie Troutman			
dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADD	RESS		
em of inf	Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	Geo. E. Cart, Mifflinburg, Pa			
UNFADING INK. Every item Physicians: please write the ca	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  Chror  CB CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) CONDITIONS CON-	y liver			
Physi	TD THE DISEASE DR CONDITION CAUSING IT.				
н	1 ISK. BATE OF OPERATION	ATION	YES X NO		
WI	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-		exact location)		
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT WORK NOT WHILE AT WORK				
TE PLAIN especially	22. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry				
	the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural eauses	Inquiry, find that said deceased dicd on the $a$ $\mathbb{Z}$ , accident $\square$ , suicide $\square$ , homicide $\square$ , under	etermined [].		
0		.D. ASSISTANT MEDICAL EXAMINER To Feb.			
70	24A. BURIAL, CREMA- TION, REMOVAL (Specify) Removal 2-19-53 Mifflinburg,		county) (State)		
PLI	DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE		ORK RD		





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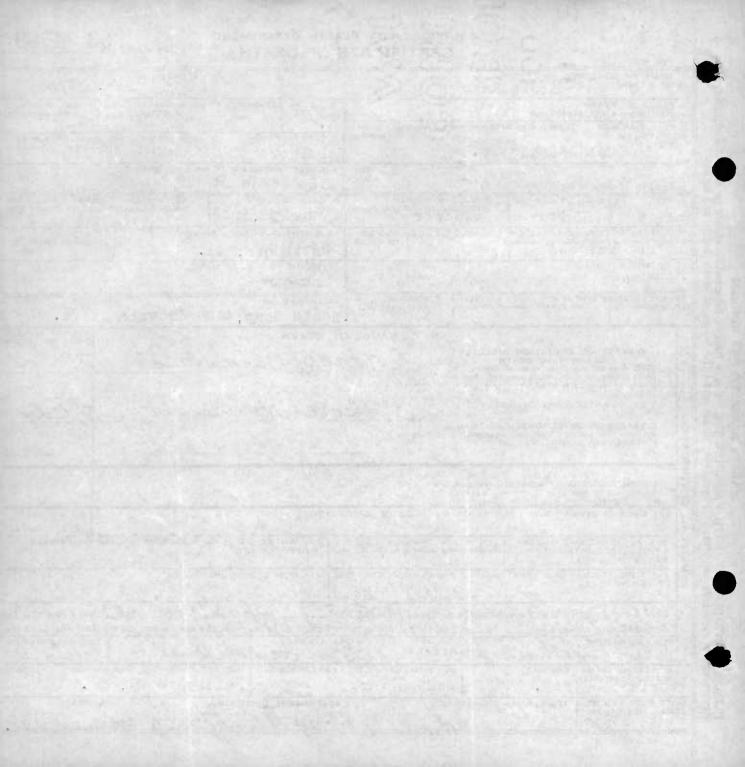
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UNFADING Physicians: p

## BALTIMORE CITY HEALTH DEPARTMENT

Edmondson Ave.

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Feb. 14/53 Louis Raap DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City. Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (ownship) 3136 Leeds St. Bal timore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 3136 Leeds St c. Length of stay in Baltimore Days 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under 1 Year 9. AGE (in years) last hirthday) Months Days Hours Min. June 22,1865 Lale White 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Retired Butcher INDUSTRY WHAT COUNTRY? Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ----Raap Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Louis Raap, 4405 Groveland Ve. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY renary Thronbsis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 1953 that I last saw the 22. I hereby certify that I attended the deceased from 1952, and that death occurred at 240 m., from the causes and on the date stated above. deceased alive on 23A SIGNATURE 23B. ADDRESS 23CADATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or edunty) Loudon Park Baltimore 29, Md. Feb. DATE RECEIVED BY 25 FUNERAL DIRECTOR LOCAL REGISTRAR



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	53 177	1
9	1. NAME OF D (Type or Print)	Ge Ge
	3. PLACE OF D A. Baltimore (	City, Maryland
	HOSPITAL OR	3625
and regiony.	c. Length of s	tay in Paltimo
T DITE	5. SEX	6.COLOR OR R
	Male 10A. USUAL OC work done during most of	f working life, even if r
ucaun clearly	reight Co	IAME
or nea	James	D EVER IN U.S.
600	(Yes, no or unknown)	(11 yes, give war

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1771

BIRTH NO.	2 OI DEMINI
1. NAME OF DECEASED George Lewis Todd	2. DATE OF Feb. 15, 1953
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of	
HOSPITAL OR 3625 Roberts Place location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
fed	Baltimore 20 7
20 Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	3625 Roberts Place
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years   !! Under ! Year   !! Under 24 Hours
Male White Married (Specify	March 2.1891   last birthday)   Months Days   Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired)  Pa.R.R.  INDUSTR	Md. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Todd	Laura Mitchell
	Datia Miccioli
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
no	Mrs.Anna M. Todd 3625 Roberts Place
18. 4 4 2 X . CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	witrusion, Nearly on 1950
heart failure, asthenia, etc. It means the disease,	Colo and Colo Colo
injury or complication which caused death.) DUE TO COR YE	res deser in 1995
ANTECEDENT CAUSES	A DAG SI Cla
DISEASES OR CONDITIONS, IF ANY, GIVING	0-207 10-7
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 1 19B, MAJOR FINDINGS OF OPE	RATION   20. AUTOPSY?
4	YES NO
U 21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., LYING∏ OR CONTRIBUTING∏ about home, farm, factory, street, office bldg.	in or   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR!	RED 21F, HOW DID INJURY OCCUR?
OF INJURY	
m. WHILE AT NOT WHILI	
22. I hereby certify that I attended the deceased from	3 19 19 to Fel 15 , 1953, that I last saw the
deceased alive on 4th 13, 1933, and that death occur	
	23B. ADDRESS   23c. DATE SIGNED
I Weller Cene hunan M.D.	30/16 Dall 1 701/1-13
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMET TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 2-18-1953 Woodlawn	Woodlawn Md.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	

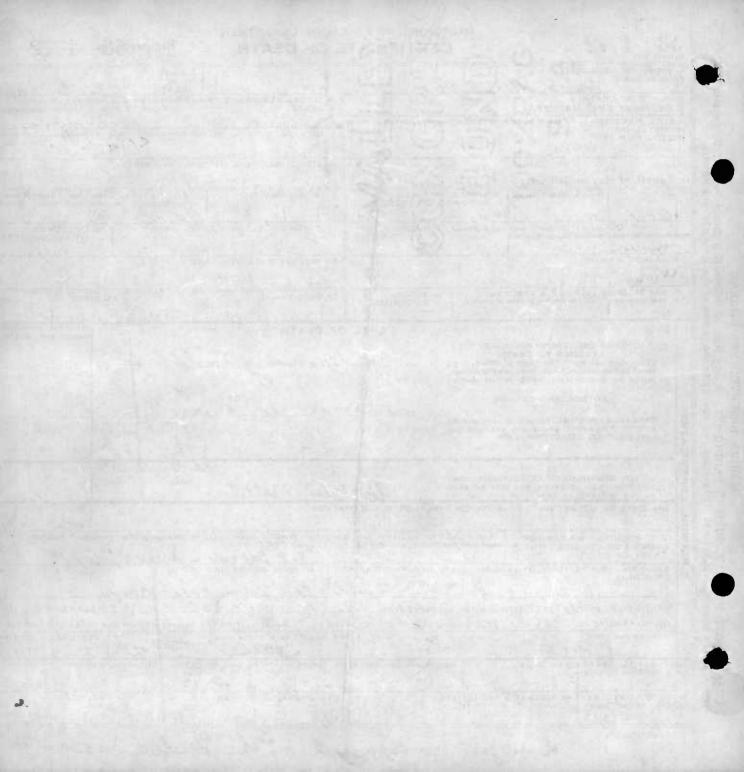
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M	7	1772 CERTIFICATI	EALTH DEPARTMENT  E OF DEATH  Registered So. 1777
E	1.	IRTH NO.  NAME OF DECEASED Type or Print)	2. DATE
supplied		PLACE OF DEATH	DEATH 2//3/5 3
fully supplegibly.	В.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	
	IN/	Siani Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
egibl	6	Length of stay in Baltimore approx 47 years Nov.	D. STREET ADDRESS (If rural, give location)
be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years   fi Under l Year   fi Under 24 Hours   Min.   Last birthday)   Months; Days   Hours   Min.
information shouls of death clearly	10	DA. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
		k done during most of working life, even if retired) INDUSTRY  FATHER'S NAME	Ireland 4. S.a.
	1	Michael Kina	BATTOME M.C. DAMALIA
	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS
of		18E900.0 and 260x CAUSE	OF DEATH - 2817 Brendan Ave.
y iter the c		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	lemonary Entroles
Every item write the cau		(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	mondy smous
>	7	ANTECEDENT CAUSES	LOFT LOFE OF 14, P
JINK.	TIOI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY
UNFADING Physicians:	RTIFICA	(C)	
NFA	ERTI	OTHER SIGNIFICANT CONDITIONS CON-	bites Mellitus CHIEF OR ASSI. MEDICAL EXAMINER.
_	Ü	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
ILY, WITH important.	DICA	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in	
Y, mpor	MEC	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	2817 Brendan Avenue city 13
IIy ii		OF INJURY    21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRING WHILE AT   NOT WHILE AT WORK   AT WORK	
PL pecia		22. I hereby certify that I attended the deceased from 726	6 / , 1953, to 7 el 13 , 19 53 that I last saw the
RITE PI is especi			rred at 2:25 Am., from the causes and on the date stated above.  23c. DATE SIGNED
E ii	24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEASI correct	TIC	Buria (Specify) Feb. 1953 Holy Redo	emer 60m Baltimore, Marylana
PLEAS	D/	ATE RECEIVED BY REGISTRAR'S SIGNATURE	John H Monain - 3000 E Baltimere St
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		N820.0 sugget to apple	you by the preaction that

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R	BI	560 1773 IRTH NO.	BALTIMORE CITY HE		Registered No.	1773
ed.		NAME OF DECEASED Type or Print)	a Ruymon		2. DATE OF DEATH	15,1453
lly supplied.	B. H	PLACE OF DEATH: Baltimore City, Maryland Bul FULL NAME OF (If not in hospital or ins OSPITAL OR ISTITUTION	titution, give street address or location)	A. USUAL RESIDENCE (W) A. STATE C. CITY OF TOWN (If of		before admission)
ca legibly.		Length of stay in Baltimore	Life Yrs. Mos. Days	o. STREET ADDRESS (If r	ural, give location)	
	0	Herry While W	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. BATE OF BIRTH  July /6/877	9. AGE (In years     Under   Months	
	wor	doned wine most of working life, even If retired)	There	13. BIRTHOLACE (State or for		WHAT COUNTRY?
information of death cl		Statemen's Name	etage	14. MOTHER'S MAIDEN NA	ME 21 Clas	
of info	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCE (a, no or unknown) (If yes, give wer or dates of service)	ST SOCIAL SECURITY NO.	Kuney L. Ellio	EX 1241 Per	ess
Every item of write the causes		DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused	TLY W	wearted S	resufficient	INTERVAL BETWEEN ONSET AND GEATH
INK. please v	ATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, ( RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.		your dike	1 ·	
UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATED			
174	AL	19A. DATE OF OPERATION   19B. MA	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
Y, WITH	MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 6bout 1 CAUSE OF DEATH	PLACE OF INJURY (e. g., in nome, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
A	4	210. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRI		OCCUR?	
ITE PL		22. I hereby certify that I attended decepted alive on 19		5 , 195 , to 2/	e causes and on the d	at I last saw the ate stated above.
		23A. SIGNATURE College	6 M.D. /	3B. ADDRESS S. Class	ls St 1 2	16/53.
PLEASE correct age	TI	AA. BUNAL, CREMA- ON REMOVAL (Specify)	24c. NAME OF CEMETE	laungen &	Ralb (City, town, or e	any
PLEAS correct		AFE RECEIVED BY REGISTRATES SIGN	-0 120 A	25. FUNERAL DIRECTOR	levo/400/6	harlis 18
1	1	Vs 150	, ,			

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ITE PLA	especially important.

B. FULL NAME OF (if not in hospital or institution, sive street address or location)  3713 Park Heights Ave.  3713 Park Heights Ave.  3713 Park Heights Ave.  11fe Mospital or institution	R-	5	3 17	74			ALTH DEPARTM E OF DEATH		3 177A
3. PLACE OF DEATH.  A STATE Md.  B. FULL NAME OF (If not inspital or institution, give street address or location)  To a pure of the pure	Pe	1. (T	NAME OF DI		M. Emma Diehl R	inn			14, 1953
C. Length of stay in Baltimore  11fe More Stay in Baltimore  12 Sex	pplie						A. STATE	CE (Where deceased lived, If	
c. Length of stay in Baltimore  116 Mos. Days  5. SEX   6. COLOR or RACE   7. WILDWED DOWNCED Speeds  6. COLOR or RACE   7. WILDWED DOWNCED Speeds  6. COLOR or RACE   7. WILDWED DOWNCED Speeds  7. WILDWED DOWNCED Speeds  8. DATE OF BIRTH   9. AGE (In year)   8 usin   1 ser   1		H	OSPITAL OR			location)	C, CITY OR TOWN		s write RVRAL and give
Tetired Cashier Insurance Baltimore, Md. U.S.A.  13. FATHER: NAME  John Deihl  15. WAS DECEASED EVER IN U.S. ARNED FORCES! (If yes, give war or dates of service)  RECURITY NO. 216-01-5942  16. 4 2 1	callegibli			ay in Baltimore	life	Mos.			7e.,
Tetired Cashier Insurance Baltimore, Md. U.S.A.  13. FATHER: NAME  John Deihl  15. WAS DECEASED EVER IN U.S. ARNED FORCES! (If yes, give war or dates of service)  RECURITY NO. 216-01-5942  16. 4 2 1	uld be y and		female	white	WIDOWED, DIVORCE Widow	ED (Specify)		last birthday) M	If Under 1 Year If Under 24 Hours onths Days Hours Min.
18. 4 2 5   DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  NOTICE THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION ADSTANCE OF INJURY (B) ADATE OF OPERATION   198. MAJOR FINDINGS OF OPERATION   190. MAJOR FINDINGS OF OP	n sho	10 work	k doneduring most of	working life, even if retired)	11				12. CITIZEN OF WHAT COUNTRY
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m. WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from January 197, to the causes and on the date stated above deceased aline on 1983, and that death occurred at 2 m., from the causes and on the date stated above 234. SIGNATURE  23. SIGNATURE  24. BURIAL. CREMA: 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		2	21b. TIME (	Month) (Day) (Year)	(Hour) 21E. INJURY	OCCURRE	D 21F. HOW DID I	NJURY OCCUR?	
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	ct an	710	ON, REMOVAL (S)	pecify)			RY OR CREMATORY		, or county) (State)

FUNERAL DIRECTOR

mmen 4611 Park Heights A.

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

Feb. 17, 1953

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- 61	1	netical Examiners	( ase			
5.	0	Trederised to Hospita)	BALTIMORE CITY HE	EALTH DEPARTMENT	Registered No.	1775
		RTH NO. NAME OF DECEASED	CERTIFICATI	E OF DEATH	2. DATE	
	(T)	ype or Print) John Kw	k _ n		DEATH)-elmun	14,1953
	Α.	PLACE OF DEATH: Baltimore City, Maryland	Oplo	4. USUAL RESIDENCE (W		ion : residence before admission)
	HC	FULL NAME OF (If not in hospital or ins STITUTION JOHNS HOPKINS HO	titution, give street address or location)	C. CITY OR TOWN (If	outside corporate limita, write	RURAL and give
	3	2 JOHNS HOUSE	Yrs.	D. STREET ADDRESS (If r	ural, give location)	wwiiiip)
	-	Length of stay in Baltimore	Mos. Days	7115, 13,	md St.	
	7	male white	IGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH - 83	9. AGE (In years of Under I You last birthday) Months D	
	10. work	A. USUAL OCCUPATION (Give kind of lob, K done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		TIZEN OF HAT COUNTRY?
	13.	FATHER'S NAME	<i>y</i>	14. MOTHER'S MAIDEN NA	ME	
	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCE s, no or unknown) (If yes, give war or dates of service	S? 16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKINS I	HOSPITAL ADDRES	5
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	MEDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about h	PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If	in Baltimore City, give exa	act location)
	2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
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		22. I hereby certify that I attended	2	11 25 0		I tust sure the
		deceased time on 2-14, 1953	and that death occur	rred at 425 P.m., from th	ne causes and on the date	e stated above.  DATE SIGNED
	DA	deceased alive on 2-14, 1953	24c. NAME OF CEMETE Holy Rosary	Tred at 4.25 P.m., from the 23B. ADDRESS  OHNS HOPKINS  RY OR CREMATORY 24D. LC	HOSPITAL 23C. CATION (City, town, or coun	e stated above.  DATE SIGNED  (State)  Ballo MA



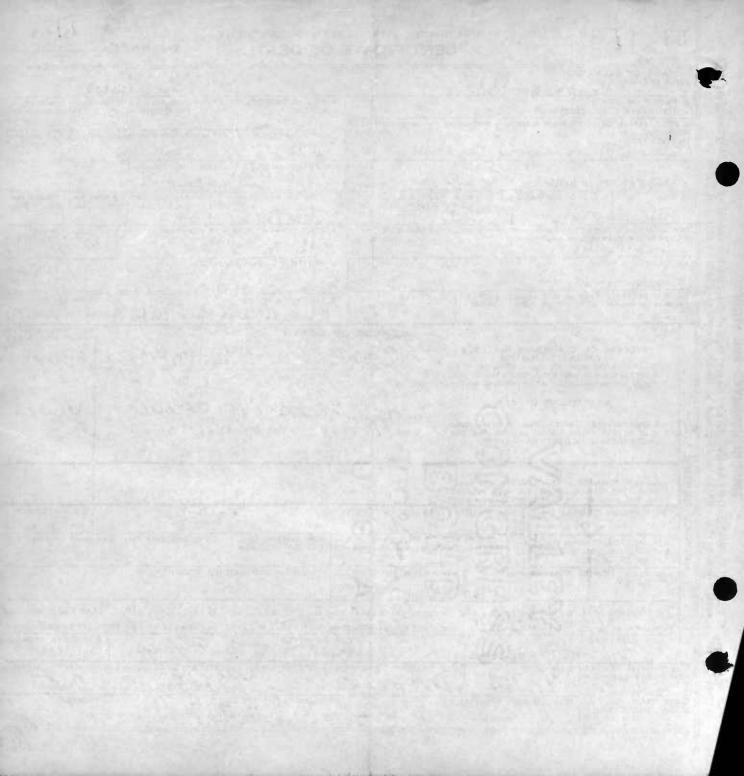
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520 CERT	IFICATE CORRECTED_	2-26-53	1=0
52 1777	BALTIMORE CITY	HEALTH DEPARTMENT	53 1777
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.
	HARLES JONES		2. DATE. OF Feb. 16, 1953
	and FRANKLIN SQUARE HUST	A. STATE	Vhere deceased lived. If institution: residence  B. GOUNTY  O before admission
HOSPITAL OR	in hospital or institution, give street address location		outside corporate limits, write RURAL and giv
INSTITUTION FRANKE	IN SQUARE HOSPITAL	MARYLAND	Hym House 11 township
c. Length of stay in Baltin			rural, give location)  E DRIVE HEPHSVILLE
5. SEX 6. COLOR OR WHITE	WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH Aug.11,1902	9. AGE (In years last birthday) Months Days Hours Min
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Timekeeper  13. FATHER'S NAME	Sanitary Dept.	Hampton, Va.	AME
Isaac Jones		Mabel House	
15. WAS DECEASED EVER IN U. (Yes, no or unknown) (If yes, give w	S. ARMED FORCES?   16. SOCIAL   SECURITY NO	17 INFORMANT	3704 ADDRESS
18.334x and	719-01-3280	Mrs. Frances L.J	ones, 3407 Tulane Dr.
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deceased alive on Tes	16, 1953, and that death occ	curred at 43 35 Am., from to	he causes and on the date stated above
23A. SIGNATURE	. 6	FRANKLIN SQU	23c. DATE SIGNED
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TION DENOVAL (Consider			
removal Feb.	17,1953	Roa	noke. Virginia
removal Feb.  DATE RECEIVED BY REGISTRAR	17,1953 STRAR'S SIGNATURE	25. FUNERAL DIRECTOR	noke, Virginia  ADDRESS  APRIL MICH

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	53 1878 BALTIMORE CITY HE	ALIH DEPARIMENT	14.8
	BIRTH NO. CERTIFICATI	E OF DEATH Registered No.—	
	1. NAME OF DECEASED (Type or Print)	2. DATE	
	doseph Kornblatt	DEATH 2/16/53	
	3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institute A. STATE B. COUNTY	before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		
y.	INSTITUTION	C. CITTOR TOWN (IT dutaide corporate mints, will	te RURAL and give township)
oly.	South Baltimore General Cospital	D. STREET ADDRESS (If rural, give location)	1
legibly	Mos.	3838 Reisters town Rd.	
d le	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) if Under 1	Year   If Under 24 Hours
and	WIDOWED, DIVORCED (Specify)	last birthday) Months	Days Hours Min.
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9 11	work done during most of working life, even if retired)  School Teach & P	Baltimore 2	WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
death	dacob Kornblatt	Anna Smobritsky	
of c	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	ss 3838
es	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Miss Wise Roublatt Reis	terstown Rd
	18. 443 X CAUSE		NTERVAL BETWEEN
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write the	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
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correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADE	DRESS
5	LOCAL REGISTRAR LER 171050 Huntington 1 2014	Jobs Alvinson - 12/02-11	24-26
1	VS 150	712 1	lott D.
		6 - N	IIIA AL, LETI.

MARGIN RESERVED FOR BINDING



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) onbie OF fully supplied DEATH 0 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Baltimore Ms A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF arylane HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION legibly. D. STREET ADDRESS Yrs. (If rural, give location) Mos. ပိ c. Length of stay in Baltimore Days pe 5. SEX and 6. COLOR OR RACE 7. SINGLE MARRIED. 8. DATE OF BIRTH AGE (in years If Under 1 Year (WIDOWED) DIVORCED (Specify) last birthday) Months: Days Hours; Min. should 10A. USUAL OCCUPATION (Gige kind of OB. KIND OF BUSINESS OR INDUST INDUST 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? touse wise information death FATHER'S NAME HER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL INFORMANT (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. causes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: ERTI П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI LYING□ OR CONTRIBUTING□ about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 1953 to 2 - 15 , 1953 that I last saw the 22. I hereby certify that I attended the deceased from 2 1900 and that death occurred at 100 m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SENED BURIAL. CREMA-NAME OF CEMETERY OR CREMATOR 240 OCATION (City, town, or county) N, REMOVAL (Specify) wave DATE RECEIVED BY ADDRESS LOCAL REGISTRAR VS 150

township)

If Under 24 Hours

NO

(State)

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NDING information should be confully supplied.	1. (T 3. A. B. HC IN 5. 10 work	NAME OF DECEASED type or Print)  PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or location SPITAL OR STITUTION  Yrs.  Mos.  Days  A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  FATHER: S NAME  WAS DECEASED EVER IN U. S. ARMED FORCEST 16, SOCIAL	c. CHY OR TOWN (If or COMMON OF COMM	g. AGE (In years last hirthday)  Sty Me  B. COUNTY  Witside corporate limits, writing and a second a second and a second and a second and a second and a second a	i Year if Under 24 Hours Days Hours Min.  CITIZEN OF WHAT COUNTRY?
MARGIN RESERVED FOR BINDING UNFADING INK. Every item of inform Physicians: please write the causes of de	RTIFICATION	(B) SECURITY NO.  18. 3644 AMP OF 2  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	neuronitis,		NTERVAL BETWEEN PONSET AND DEATH
PLEASE TTE PLACY, WITH UNICORRECT age is especially important. Physical	MEDICAL CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING boot home, farm, fectory, street, office bldg. CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., about home, farm, fectory, street, office bldg. CAUSE OF DEATH  21C. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the deceased from deceased glive on 1953 and that death occur 23A. SIGNATURE  ALE BURIAL, CREMA- 24B. DATE DN. REMOVAL (Sprify)  ATE RECEIVED BY REGISTRAR'S SIGNATURE  ATE RECEIVED BY REGISTRAR'S SIGNATURE	in or 21c. WHERE DID (If INJURY OCCUR?  RED 21f. HOW DID INJURY  1953 to 3/2  238. ADDRESS	15, 1953 the causes and on the decay 23 22 EATION (City, town, or complete but	at I last saw the ate stated above.  CONTENTS SIGNED  16 15 3
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 178 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF LAUMA supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN JOHNS HOPKINS HOSPITAL INSTITUTION ca legibly. Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days should be early and l 6. COLOR OR RACE ! 7. SINGLE, MARRIED li Under 1 Year AGE (In years WIDOWED, DIVORCE (Specify) last birthday) Months Days Hours Min. OA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT, COUNTRY information s Maryla nd Housewife 10 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Bailey Annie Ruff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. y item the cau CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY operative peritoritis Itial Obstruction LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: 1 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY LY, WITE important. 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 1953 to 2-16-, 1953 that I last saw the 22. I hereby certify that I attended the deceased from 2-10-RITE is espe 19 and that death occurred at 4.35 Am., from the causes and on the date stated above. deceased alive on 234. SIGNATUR 23C.DATE, SIGNED HOPKINS HOSPITAL 24A. BURIAL, CHEMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 2-19-53 Zion Cem Harford Co.. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

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VS 150

Feb. 15.1953 before admission) township)

If Under 24 Hours

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

HOSPITAL OR

3. PLACE OF DEATH: A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or

location)

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Registered No.__

2. DATE
ON DEATH Feb. 16, 1953
4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission
MARXLAND BALTO.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIMORC - 0 2 township
D. STREET ADDRESS (If rural, give location) 3 S. CORLEV S. 7.
3. DATE OF BIRTH  9. AGE (In years   11 Under 1 Year   11 Under 24 Hours   Min 24 Hours   Min 24 Hours   Min 24 Hours   Min 25 Hours   Min 26 Hours   Min 27 Hours   Min 28
11. BIRTHPLACE (State or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY  UJQ.
14. MOTHER'S MAIDEN NAME

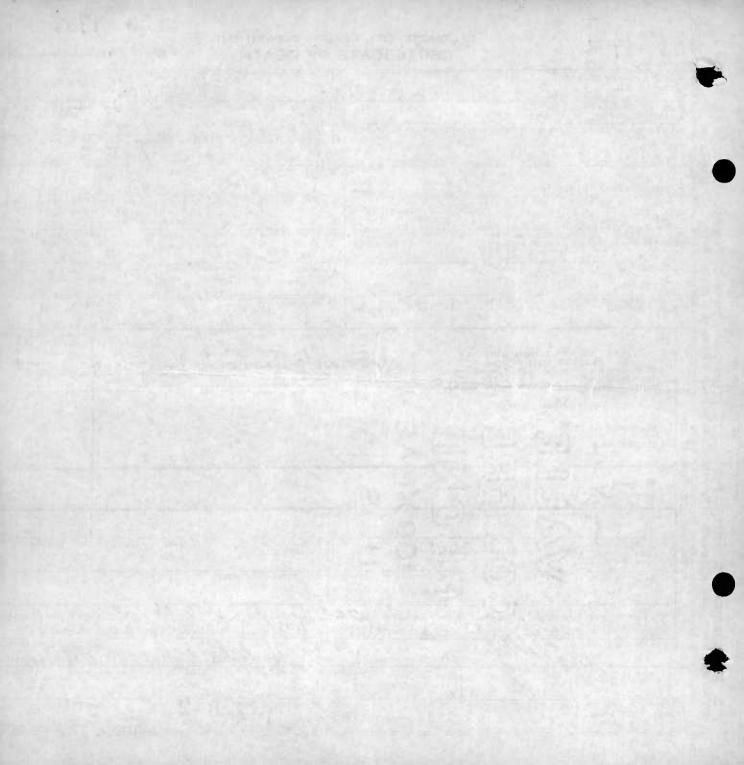
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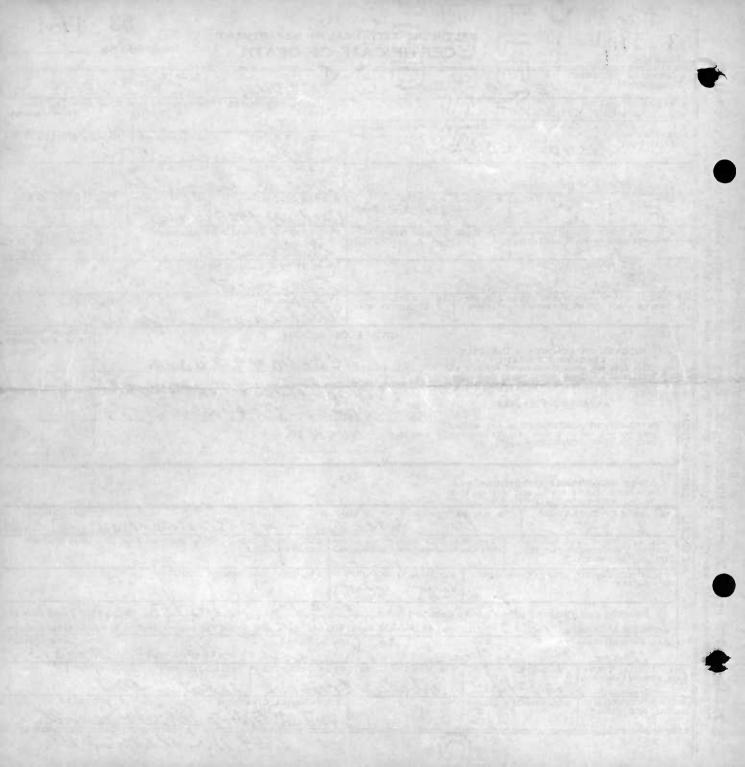
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BIRTH NO

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) ELEN. JONES SLACUM DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (in years) If Under 1 Year If Under 24 Hours last hirthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME uorge 15. WAS DECEASED EVER IN M. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ARCINOMATOSIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pseudo-Mucinous - Cysi ANTECEDENT CAUSES ADENO-CARCINOMA ST DISEASES OR CONDITIONS, IF ANY, GIVING OUARY RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. Ē OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY - METASTATIS LEISOUS YES 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from. , 19__, that I last saw the deceased alive on 2-15.5319 64 Am., from the causes and on the date stated above. and that death occurred at_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION_REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) 1 Jurice DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DDRESS LOCAL REGISTRAR



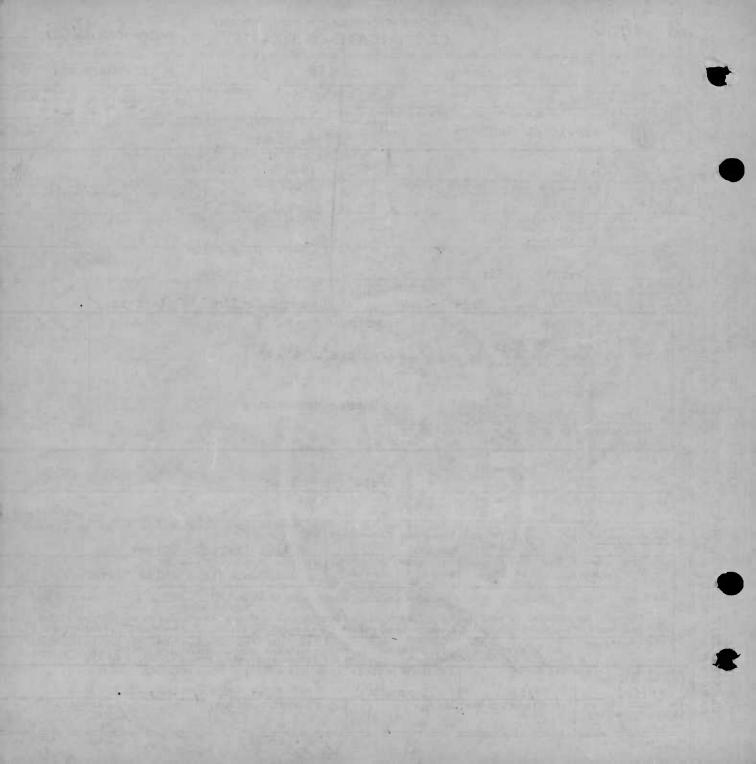
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53 BIRT	178 rh no.	35				EALTH DEPARTMENT E OF DEATH	Registered	3 17 1 No.	85
	AME OF De or Print)		C.Schwa	rtz		2. DATE OF DEATH	Feb.16t	th.1953	
A. B	JLL NAME	EATH: City, Maryland 1 OF (If not in hospit		on, give street addres	s or	4. USUAL RESIDENCE (V A. STATE 1611 Cliftview	Where deceased lived, B. COUNTY	If institution be	n: residence fore admission)
	PITAL OR FITUTION			locati		Baltimore Md.	المراجع المراج		URAL and give township)
1		tay in Baltimore		life MD	rs. os. ays	b. street address (If 1611 Cliftview			
-	lale	6.COLOR OR RACE White	Widow	. MARRIED. ED, DIVORCED (Spe red	ecify)	8. DATE OF BIRTH May 17,1871	9. AGE (In years last birthday)	If Under 1 Year Months Day	
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				FINDINGS OF O	PER	ATION		20.	. AUTOPSY?

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24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Feb.19/53 Balto. Md. Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

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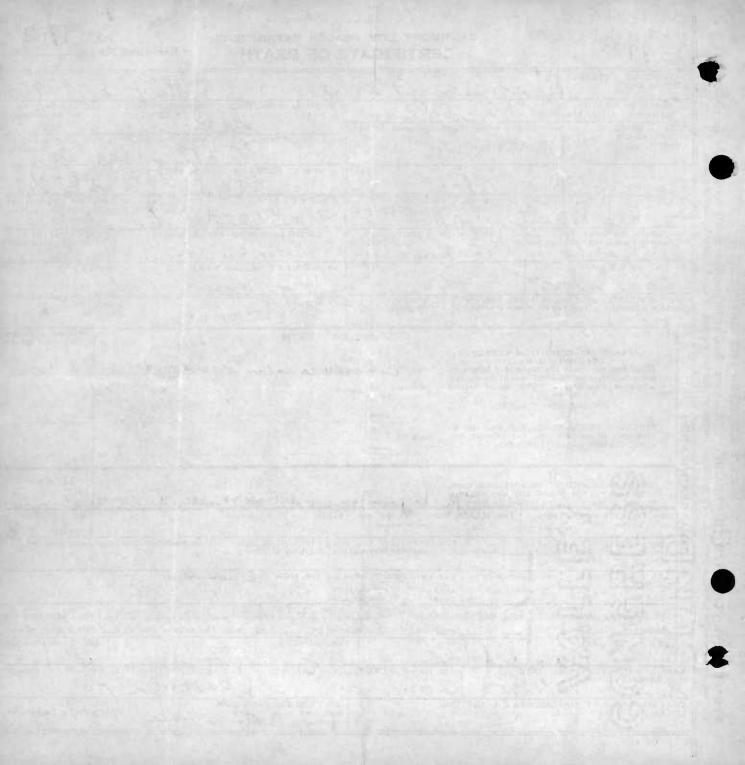
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1.	NAME OF DECEASED Type or Print)			2. DATE	1953
` '		Catherine A.Schwartz			uary I6th, 19
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IN	St. Paul Convalescent	Home Inc.	Baltimore	7 0	township
	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If ru 1637 N. Spring St		6.
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3	Richard Dee		14. MOTHER'S MAIDEN NAM Anne McGee	ME	
15 Yes	5. WAS DECEASED EVER IN U. S. ARMEI m. no or unknown) (If yes, give war or date None	D FORCES? 16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs. Margaret Wol:		DRESS Avenue
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUBAL and give HOPKINS INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location), Mos. c. Length of stay in Baltimore Days should be 6. COLORADR RACE If Under 1 Zea 7. SINGLE, MARRIED 9. AGE (In years WIDOWED, DIVORCED (Specify) last wirthday) Months; Days Hours Min. WIDAWED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or forcign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY Ra Ito. ( b. Mdhousewif information 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME Chas. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT HNS HOPKINS HOSPITAL SECURITY NO causes 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 195 , 19___, that I last saw the 22. I hereby certify that I attended the deceased from m., from the causes and on the date stated above. deceased alive on. . 19___ _ and that death occurred at_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED TOUNG HODVING HOSPITAL 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 102 41 a DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS You Belair Ad. LOCAL REGISTRAR VS 150



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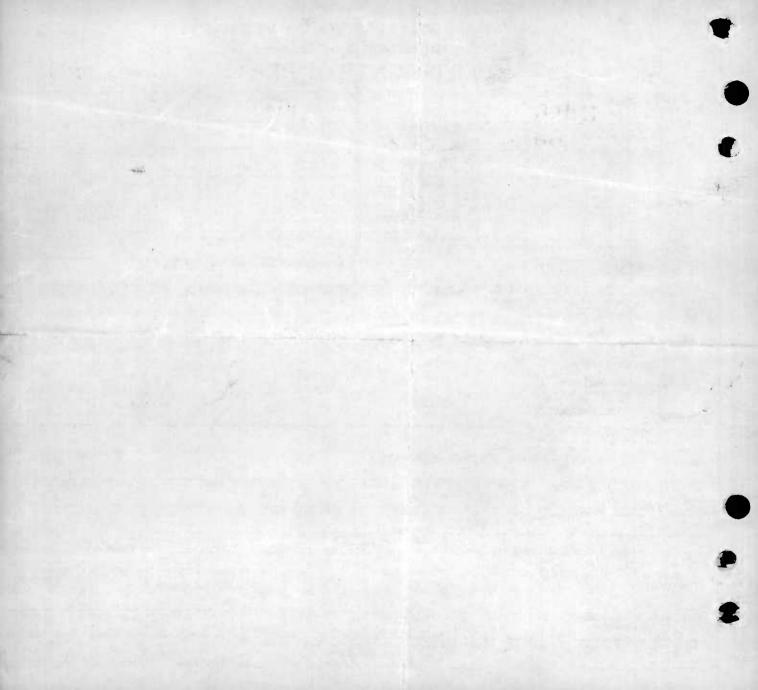
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.1793

00 1000	ODMIN TOTT	DOI DENTIL	Reg.	Dist. No. 2. Sa.S.
1. PLACE OF DEATH. BALT.	MARYLAND	2. USUAL RESIDENCE (HOSTATE BARYLA	UD	COUNTSALT
OR give nearest town)	RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate OR TOWN BALT		5354
HOSPITAL OR INSTITUTION OR STREET ADDRESS CITY AC	SPITAL	STREET ADDRESS PX 42	R4.16	ocation)
3. NAME OF DECEASED (First) CHARLE		SCOTT	OF DEATH	Onth) (Day) (Year) 2 /5 19 53
5. SEX 6. COLOR OR RAC	WIDOWED, DIVORCED, (Specify)	3/1584	AGE last birthday yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of done during most of working life, even if reti		11. BIRTHPLACE (State or 1)	4 . 4	12. CITIZEN OF WHAT COUNTBY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
15. WAS DECRASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes, give war or conservice)	lates of	Harry Schult	DDRESS /7a	13a 1+0. Co. Ma.
420.0 I. DISEASES OR CONDITIONS DIRECT	18. MEDICAL CE TLY LEADING TO DEATH	RTIFICATION .		INTERVAL BETWEEN ONSET AND DEALS
Immediate cause	, Corney Boles	ia-	A	inmeliate
	Deravic Jecompus	elin - HUS/	41) -	
11. OTHER SIGNIFICANT CONDITION Conditions contributing to the death but related to the disease or condition causing	not g death.			
19a. DATE OF OPERATION 19b. MA	FINDINGS OF OPERATION			Yes No No
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TO		COUNTY) (STATE)
TIME (Month) (Day) (Year) (Ho OF INJURY	our)   INJURY OCCURRED   While at   Not While   Mork   At work	HOW DID INJURY OCC	JR?	
22. I hereby certify that I attende	d the deceased from OC.	, 19.52, to 2/19	4, 19. 53, that	t I last saw the deceased
signature Segle	and that death occurred at (Degree or title)	ADDRESS 30 Chardel	auses and on th	But 16 15 20 16 15 3
23. BURIAL, CREMATION DATE THE	8,1953 Oren Lat	hodist Cemetery )	CATION (City, too	ier, maryland
	tington to haus, H	24 FUNERAL DIRECTOR	weel Han	ADDRESS 140/Bilaid
	83018			



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53 1795 BALTIMORE CITY HEALTH DEPARTMENT 03 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GAIL G. SCOTT, SR. ully supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or NEW JERSEY B. FULL NAME OF CAMDEN HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give VA HOSPITAL INSTITUTION township) CAMDEN BALTIMORE 18. MARYLAND legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore SINCE 12/18/52 Y.M.C.A., FEDERAL STREET Days should be 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH MALE WHITE 2/27/1897 DIVORCED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
INSULATOR INDUSTRY WHAT COUNTRY? information s INSULATION ALGONA, IOWA U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CLINTON H. SCOTT MAMIE DAVENPORT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 17 to 0-01-1567 VA HOSPITAL RECORDS VAH. BALTO. 18. INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., SPONTANEOUS PNEUMOTHORAX, LEFT 10 MJN. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ease PULMONARY EMPHYSEMA, BILATERAL 10 YEARS ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. UNFADING PULMONARY TUBERCULOSIS 2 YEARS Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE, OF, OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 2/9/53 important. BULLOUS EMPHYSEMA & PULMONARY TUBERCULOSIS YES X 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE! RITE PLA AT WORK 12/18 , 1952, to 2/14 , 19 53 xxxxxxxxxx 22. I hereby certify that attended the deceased from____ declared allow and control and that death occurred at 4:00 pm., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED VAH, BALTIMORE 18. MD. BURIAL CREMA-24B. DATE NAME OF CEMETERY OR CREMATORY | 240, LOCATION (City, town, or county) ON, REMOVAL (Specify) RZINGTON. NATL DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR VS 150 Shiplo: 1400 Chakin St. N.W. WASHINGTON, DC.

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UNFADING Physicians: p

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## CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1. NAME OF DECEASED 2. DATE Feb. 15, 1953 (Type or Print) ROLAND CLARENCE WOLFF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Marvland B. FULL NAME OF (If not in hospital or institution, give street address or US Public Health Service location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore Drive Wyman Pk. D. STREET ADDRESS (If rural, give location) Yrs. Mog 3918 Southern Avenue c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years # Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify)
Married last birthday) Months: Days Hours: Min. 10/7/96 10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) USA WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY Seafarer Engineer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret ? Richard Wolff 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Records- US PHS Hospital, Balto, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic coronary artery over lyr. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, disease injury or complication which caused death.) DUF TO ANTECEDENT CAUSES Pulmonary infarction right lower IInknown lobe ( old) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Pericarditis Unknown OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT 19⁵³, to , 19 53 that I last saw the Feb. 11 Feb. 15 22. I hereby certify that I attended the deceased from. deceased alive on Feb 15, 1953 and that death occurred at 12:30 F m., from the causes and on the date stated above. J.A. Hunter Clinical Direct 23B. ADDRESS 23c. DATE SIGNED 2/16/53 Director M. D. US PHS Hospital, Balto, Md. 24A. BURIAL. CREMA-24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

H.	5	53 BALTIMORE CITY HEALTH CERTIFICATE OF	
lied.	1. (T	1. NAME OF DECEASED AUGUST C. HEILAND.	2. DATE OF DEATH JULY 1953
efully supplied	B. H	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	B. COUNTY before admission)  OR TOWN (If outside corporate limits, write RURAL and give township)
carlegil		c. Length of stay in Baltimore Mos. Days 4	EET ADDRESS (If rural, give location)
shoul	10	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE WID WED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work in doing to the most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BURN WORK DOING TO THE MOST OF	3, 1874   last birthday) Months Days Hours Min.
ation ath cle	1	LABORER CROWN CORKEDEAL DE	ALTO, ME, WHER'S MAIDEN NAME  NNA MARIA LEHR
of of ises	15 (Yes	2/3-01-0699 Mr. ~	OSEPHA. MUNDAY 2049 EBE IVELO ATH
ry ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	diseise - fulure + days
RESERV INK. E	ATION	Z ANTECEDENT CAUSES Complayse	ence Parterioscherkie ?
MARGIN I UNFADING Physicians: p	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	
WITH rtant.	EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJU	20. AUTOPSY?  VES NO  WHERE DID (If in Baltimore City, give exact location)  URY OCCUR?
	M	Z CAUSE OF BEATH	F. HOW DID INJURY OCCUR?
RITE PL		22. I hereby certify that I attended the deceased from deceased alive on 16, 1953, and that death occurred at 23A. SIGNATURE 23B. ADDR	
PLEASE correct age	2	24A. BURIAL, CREMA- 24B. DATE LION, REMOVAL (Specify)  BURIAL  2-19-53  OAKLAWN  DATE RECEIVED BY REGISTRAR'S SIGNATURE	EASTERN. AU. BALTO MONTH STREET OF TANDERS STREET
G P	=	VS 150	1009 Harford RI (14)

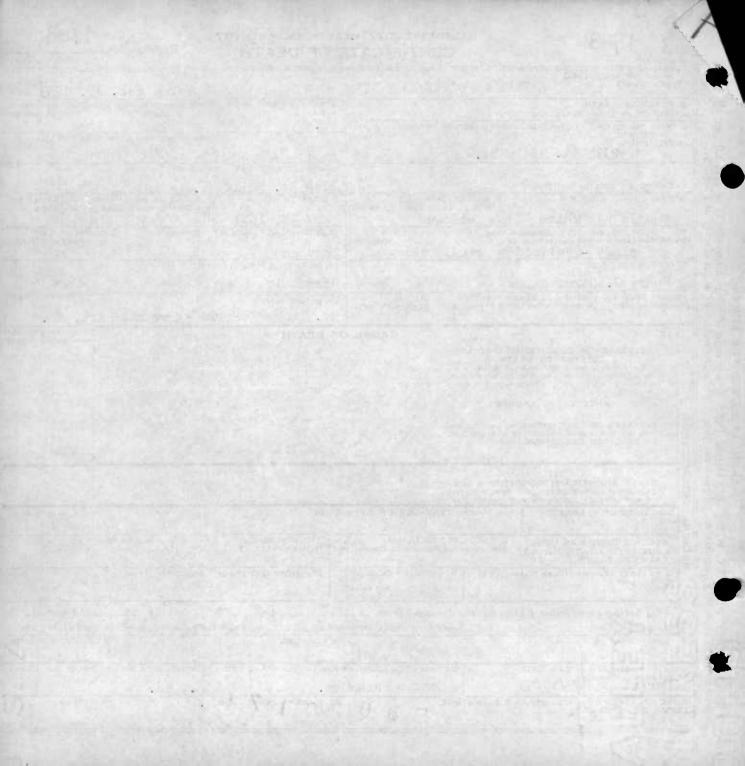
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=	1.	NAME OF D						2. DATE		
-		vpe or Print)		ERINE (	CORNELIA THIEME				. 15, 1	
-	A.	PLACE OF D Baltimore (	City, Maryland	al or institu	ation, give street address or	4. USUAL RESIDI A. STATE Md.	ENCE (W	here deccased lived. B. COUNTY		: residence ore admission)
-	HC	SPITAL OR			Iocation)	c. CITY OR TOWN	(If o	outside corporate lin	nits, write RU	
-	W	2	134 Mt. Holly	st.		Baltimore		15	-07	township)
		T (1 C			Yrs. Mos.	D. STREET ADDRI				
=		Length of s	tay in Baltimore	7 SINGI	Days  E. MARRIED.	213h Mt. Ho	olly S	9. AGE (In years)	If Under 1 Year	1 II Under 24 Hours
		female	white	WIDO	WED, DIVORCED (Specify)	Mar/ 14, 18		last birthday)		Hours Min.
	10/	. USUAL OC	CUPATION (Givekind of		D OF BUSINESS OR	11. BIRTHPLACE	State or for	reign country)	12. CITIZ	EN OF
			of working life, even if retired)  dy - retired	ret	ail shop	Maryland	IDEN NA		WHA	COUNTRY 1
1			. Struven			Mary Lotz	IDEN NA	ME		
1	15.	WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
11	(Yes	no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Mr. Henry B	achmar	a - Severna		Md.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED				g., (A) lar ise, ih.) DUE TO	enary thro liv-vaso	mlos	disease	9	his S
	CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE CEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED					
					R FINDINGS OF OPER	ATION	* refer A*		20. ves	AUTOPSY?
	EDICAL	21A. ACCID LYING OF	ENT WAS UNDER- R CONTRIBUTING	218. PL about home	ACE OF INJURY (e. g., in , farm, factory, atreet, office bldg., e	ote.) 21c. WHERE D	R? (If	in Baltimore City	, give exact	location)
	Σ		(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURR		INJURY	OCCUR?	Secretary Secret	
			live on Feb 15		e deceased from life, and that death occur		, from th	15/53, 19 te causes and on	the date st	
-	24 TIO	N REMOVAL (S Burial	2/18/53		M. o. 1 24c. NAME OF CEMETE Loudon Park (			CATION (City, tow	n, or county)	(State)
		TE RECEIVE CAL REGIST		S SIGNAT	9 5 3 0	25. FUNERAL DIE	-	lener 4	ADDRES	s

VS 150

Catto 17, Md.



Olm J. Tichen Y. Som

20. AUTOPSY (If in Baltimore City, give exact location) 1953, and that death occurred at 10 to 7m., from the eauses and on the date stated above. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 2/18/53 Green Mount Crematory Balto. . Cremation DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRES LOCAL REGISTRAR VS 150

before admission)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

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	53 1801
	BIRTH NO.
	1. NAME OF DECE. (Type or Print)
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### BALTIMORE CITY HEALTH DEPARTMENT

53 1201

a de	ВІ	IRTH NO. CERTIFICAT	E OF DEATH Registered N	0_1.001
d.		NAME OF DECEASED Print) Posekhine Rubinski	2. DATE OF DEATH FEL	16 1953
supplied	A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore Md. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If it	nstitution: residence before admission)
Ily s	H	OSPITAL OR Institution	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
e ca. legibly	_	Length of stay in Baltimore 70 Mos.	D. STREET ADDRESS (If rural, give location) 2909 Fact are	
og p	7000	SEX 6.COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years last birthday) Mon	Inder 1 Year If Under 24 Hours ths Days Hours Min.
shou	10 worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
ath cl	13	Charwoman B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
information of death cl	15 (Yes	5. WAS DECEASED EVER IN U. 8 ARMED FORCES? 16. SOCIAL SECURITY NO.	Maryanna Arzegozews	DRESS
of		2/2-10-5344	Mrs hottee Marsgalheurez 2	969 Fait are
y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH	ONSET AND DEATH
Every write th		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	rcinoma of Stomach	l yr.
		ANTECEDENT CAUSES		
INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		•••••
ADING icians:	FICA	(C)		
UNFADING Physicians:	ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H-1	CAL C	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
X, WITH	EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, gi	ve exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURR OF INJURY   WHILE AT   NOT WHILE		
PLA1 ecially		22. I hereby certify that I attended the deceased from J	uly ,19 58 Feb. ,1953	that I last saw the
TE		deceased alive on Feb. 1,49 53, and that death occur	rred at 10:45 ft., from the causes and on th	e date stated above.
E vage		Cravence W. fetousom. D.	3023 Eastern Ave.	2/17/53
	TIC	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Jeb 19 1953 Holy Rosan	RY OR CREMATORY 24D. LOCATION (City, town, of Cemetery German Hill	d Bulto Md
PLEAS correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	John Muda Inc 2829 H	udson St.

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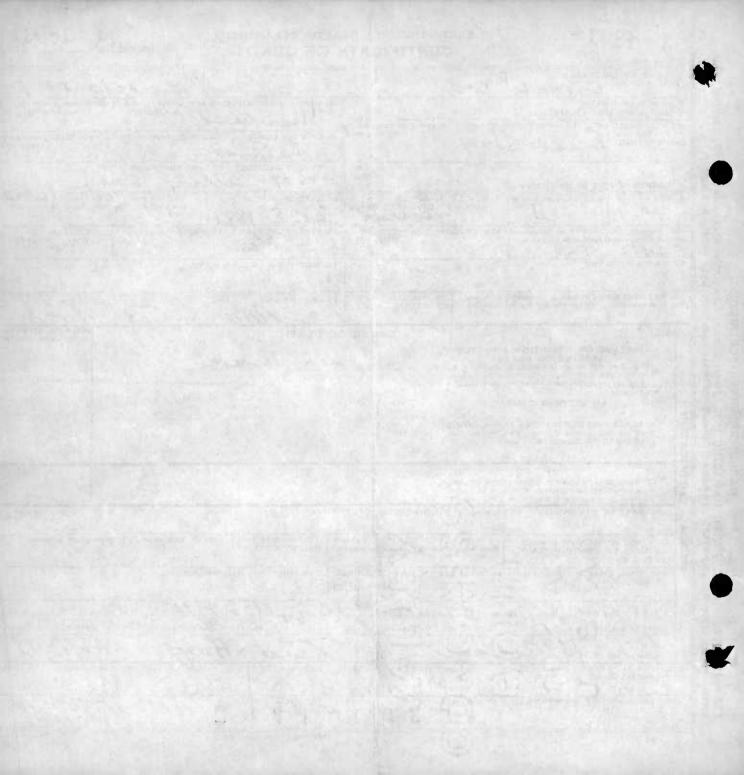
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### BALTIMORE CITY HEALTH DEPARTMENT

5305 Harford Road

-	3 189		BALTI	MORE CITY HI	EALTH DEPARTMENT	53	1802
ВІ	RTH NO.	, , ,	C	ERTIFICAT	E OF DEATH	Registered N	0
1. (T	NAME OF DE	CEASED	ATHERIN:	E ETZEL		2. DATE OF Feb.	14, 1953
3. A.	PLACE OF DE Baltimore C	ATH: ity, Maryland			4. USUAL RESIDENCE (W	here deccased lived. If i	nstitution : residence before admission
В.	FULL NAME O		al or institution,	give street address or location)			
IN	STITUTION	6414 Ros	emont A		Baltimo	outside corporate limits	write KURAL and gr
-				Yrs.	o. STREET ADDRESS (If	rural, give location)	
_		ay in Baltimore		Mos. Days	6414 Rosemon		
f	emale	white	Wide	MARRIED. DIVORCED (Specify) OWEC	Jan. 10, 1869	9. AGE (In years   More   More	Under I Year II Under 24 Hours Min
10 ork	A. USUAL OCC	UPATION (Give kind of working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
13	at home				Baltimore, Mag	, ,	
13	?	Engelmey	er		7	AME	
15	. WAS DECEASED	EVER IN U. S. ARMET	FORCES?   1	6. SOCIAL	17. INFORMANT	ΔΓ	DDRESS
Yes	s, no or nnknown)	(If yes, give war or date	s of service)	SECURITY NO.	Mrs. John F.		
	18. 33.	2×.		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEAS	OR CONDITION	DIRECTLY	AFR	read THO	440.515	10 da
	heart failur	LEADING TO DEA' not mean the mode of c, asthenia, etc. It mea	ns the discase.	(A) CZN.	EBRAL THRO HEMIPLESIA (	7130515	- Coay
		complication which c		OUE TO	HCMIPZESIA (	KIGHT)	
_		NTECEDENT CAUS	SES	(B)			
ē	RISE TO TH	OR CONDITIONS, II	STATING THE	DUE TO			
S	UNDERLY	NG CONDITION LA	ST.	(c) CERE	BRAL ARTERIO	SCLEROSIS	5 YPS+
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ER		GNIFICANT CONDI		SENI	1174		5 x25.+
บิ		OPERATION 1	· · · · ·	NDINGS OF OPER			I 20. AUTOPSY?
AL	.021.011.01	0					YES NO
IEDIC		NT WAS UNDER- CONTRIBUTING   EATH		OF INJURY (e. g., i factory, street, office bldg.,		f in Baltimore City, g	ive exact location)
2	210. TIME () OF INJURY	Month) (Day) (Year)	(Hour) 21s	. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
				DE AT NOT WHILE		/	
		certify that I att				2/14,194	
	deceased ali		_, 19 53. an		rfed at 10 A. m., from the 23B. ADDRESS	he causes and on th	
	ZJA, SIGNAT	makmo	ehen	M. D.	633/ Belan	i Roads)	23c. DATE SIGNE
24 TI	A. BURAL, C	ecify)		. NAME OF CEMETE		OCATION (City, town,	op county) (State
	Buria.	2/17/	/53 I	Holy Redee		ltimore, ma	ryland
	ATE RECEIVED		S SIGNATURE	3000	FAME ALCO PETTOR	1 5505	ADDRESS
1	FRT /10	50 1 1 m	- In 12	1111	Lepnard J. Ruc	ck 5305 Ha	rford Road

Dr. Machen 6331 Belair 2-4



SHAD TO CHEE Maria Caraca Car  1. NAME OF DECEASED

A. Baltimore City, Maryland

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Givekind of)

work done during most of working life, even if retired)

Funeral Director 8

3. PLACE OF DEATH:

B. FULL NAME OF HOSPITAL OR

13. FATHER'S NAME

204.

INSTITUTION

5. SEX

male

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1805

BIRTH NO

supplied,

information should be

item of in

UNFADING Physicians: p

(Type or Print)

Lewis U. Iglehart

7. SINGLE, MARRIED

Embalmer.

married

10B. KIND OF BUSINESS OR

(If not in hospital or institution, give street address or

3604 Echodale Avenue

2. DATE

Registered No_

Feb. 14, 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) Maryland C. CITY OR TOWN (If outside cornorate limits, write RURAL and give township) Baltimore

D. STREET ADDRESS (If rural, give location)

Yrs.

Mos. 3604 Echodale Avenue Days 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify)

last birthday) Months: Days Hours: Min. Jan. 4, 1916

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Clarksville, "aryland

14. MOTHER'S MAIDEN NAME ADDRESS

Il Under 1 Year

John L. Iglehart 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service)

6. COLOR OR RACE

16. SOCIAL SECURITY NO.

DUE TO

(C) .....

21B. PLACE OF INJURY (e. g., in or

WORK

Ruck's

CAUSE OF DEATH

17. INFORMANT Mrs. Dorothy A. Iglehart,

Mary L. Linzey

Echodale INTERVAL BETWEEN ONSET AND DEATH

WHAT COUNTRY?

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.

DISEASES OR CONDITIONS, IF ANY, GIVING

DUE TO

INJURY OCCUR?

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198, MAJOR FINDINGS OF OPERATION

21c. WHERE DID

(If in Baltimore City, give exact location)

23c. DATE SIGNED -16-5

20. AUTOPSY

19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER-

21D. TIME (Month) (Day) (Year) (Hour)

LYING OR CONTRIBUTING

about home, farm, factory, street, office bldg., etc.) 2 1E. INJURY OCCURRED

Druid Ridge

NOT WHILE AT WORK

24c. NAME OF CEMETERY OR CREMATORY

21F. HOW DID INJURY OCCUR?

1949, to Fab. 14 . 1933, that I last saw the deceased alive on Feb. 14, 1963, and that death occurred at 4:20 km., from the causes and on the date stated above.

Maryland

22. I hereby certify that I attended the deceased from_ 23A. SIGNATURE

CAUSE OF DEATH

23B. ADDRESS

24B. DATE

REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Ruck 5305 Hafford Road.

Baltimore.

24D. LOCATION (City, town, or county)

VS 150

24A. BURIAL CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY

EDICA

(d to Lolly)

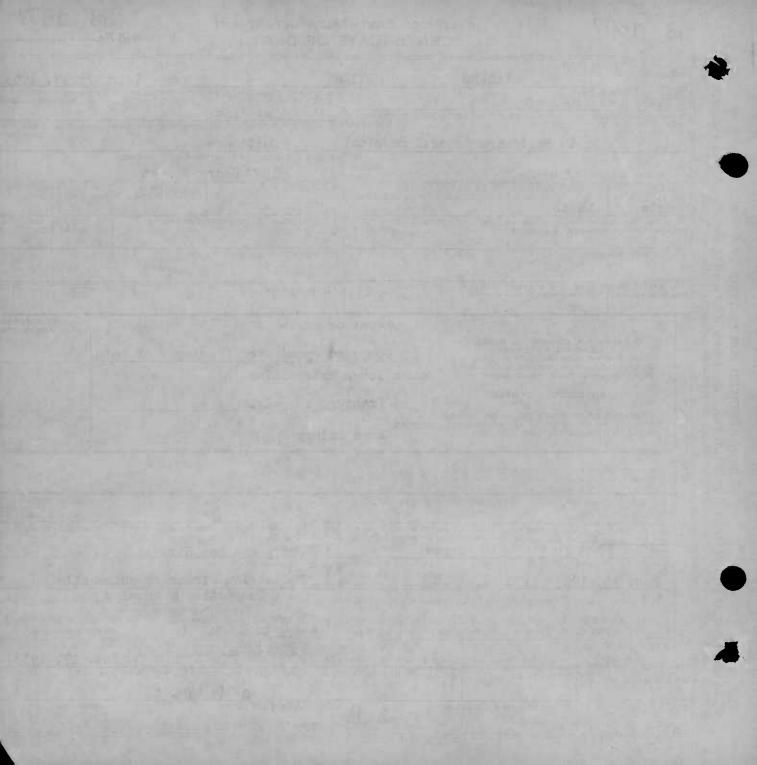
MARGIN RESERVED FOR BINDING

# BALTIMORE CITY HEALTH DEPARTMENT

1806

he	3	RTH NO.	CERTIFICAT	E OF DEATH	Registered No	
d.		NAME OF DECEASED ype or Print) Hedwig H. Itel	er		2. DATE OF DEATH	ary 15,1983
supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		stitution : residence before admission
lly		FULL NAME OF (If not in hospital or institution)  STITUTION Unin Memical 1.	tution, give street address or location)		outside corporate limits,	write RURAL and giv township
should be can	b.		Yrs. Mos.	D. STREET ADDRESS (If	rural give location)	1.
oe c		Length of stay in Baltimore  SEX   6.COLOR OR RACE   7. SING	Days LE, MARRIED.	8. DATE OF BIRTH		nder 1 Year   H Under 24 Hours
uld l	R	male White me	OWED, DIVORCED (Specify)	March 12, 1892	last birthday) Mont	hs Days Hours Min.
on shoul	work	A. USUAL OCCUPATION (Givekind of the done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY
tion	13	FATHER'S NAME		14. MOTHER'S MAIDEN N	ME	UAA
information s of death cle		Danie Ful	3	Marie Re	au	
of o	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
of i	`	no no	0200.1177.10.	Me Charles J. Helle	les so	m
m		18. 203X	CAUSE	OF DEATH		INTERVAL BETWEEN
ite he (		DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Y M	14.1		
Every item of i		(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de	ease,	Itiple myelo	M 2	
>	7	ANTECEDENT CAUSES	also: A	nultiple vertes	ral fracture	ec .
G INK.	ATIO	DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	VING			J
UNFADING Physicians:	2		du.	· to (1)		
'AL icis	Ė	11	(C)			
NF	Ä	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	ATED MANGE	na left luna		
			OR FINDINGS OF OPER	RATION	,	20, AUTOPSY?
WITH tant.	AL					YES NO
LY, WITH	EDIC	21A, ACCIDENT, SUICIDE 21B. F HOMICIDE (Specify) about bon	LACE OF INJURY (e. g., i ne, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	If in Baltimore City, giv	ve exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
Ally			WHILE AT NOT WHILE AT WORK			
PLA ecially		22. I hereby certify that I attended to deceased alive on 1952	ie deceased from	an 8 1953 to F	Eb 15 , 1953	that I last saw th
TE		deceased alive on Fb15, 195	, and that death occur	rred at 12 pm., from t	he causes and on the	date stated above
e is		23A SIGNATURE	м. р.	BB. ADDRESS	kup	FL 15 AB
SE ag	2. TI	44. BURIAL CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OF CREMATORY 240 L	OCATION (City, town, or	r county) (State)
PLEASE correct a		Durial 2 19 53	10 oudos	Tark 10	also /	ADDRESS -
PLJ		ATE RECEIVED BY REGISTRAN'S SIGNA	5 3 0 0	25 FUNERAL DIRECTOR	1305 N	and and to

VS 150



before admission)

If Under 24 Hours

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPS

23c. DATE SIGNED

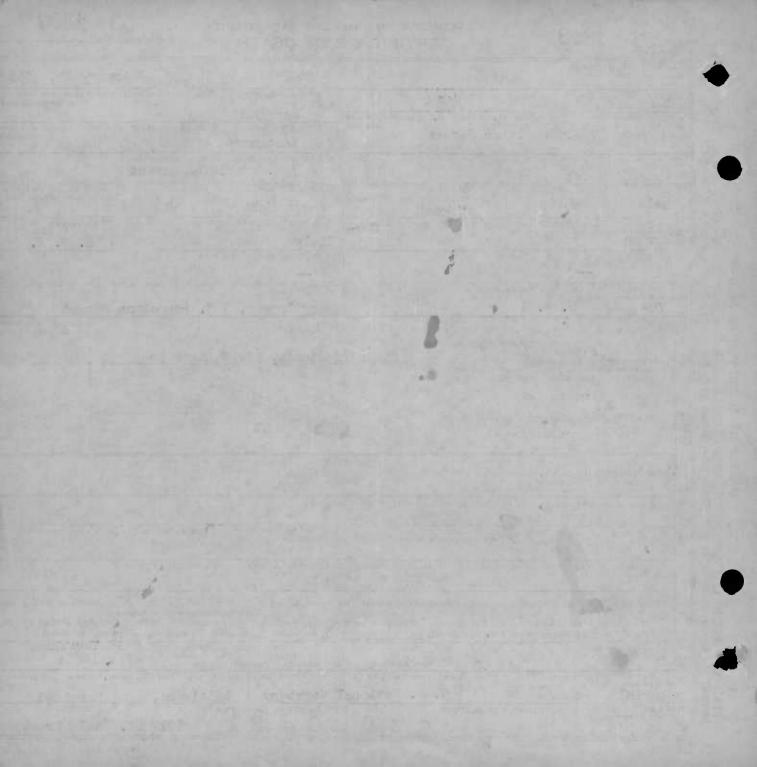
YES

12. CITIZEN OF

- Carlottan In the Color of the Color of the Color

BALTIMORE CITY HEALTH DEPARTMENT 1809 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) February 15, 1953 DANIEL JONONE OF DEATH supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF 'f not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give S. Poppleton Street INSTITUTION carefully Baltimore legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 7 S. Poppleton Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | ff Under | Year | ff Under 24 flours last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED 9. AGE (In years) If Under 24 Hours ld be WIDOWED, DIVORCED (Specify) Male White About 1900 52 widowed pluods 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) clearly 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Laborer Italy A. information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO yes Mary Trower. 7 S. Poppelton Street causes jo INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Lobar Pneumonia, Right Upper Lobe (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) .... MARGIN ERTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 17 U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH YES important. 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE! especially WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above RITE is esp and death in my opinion resulted from: natural causes 2, accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... A 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ... M.D. SEE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY (State 24D. LOCATION (City, town, or county) correct 18/53 S. National Cemetery burial Baltimore Marvland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DARECTOR ADDRESS LOCAL REGISTRAR 1217 St. Paul Street

V S 151



(Yes, no or naknown)

no

efully supplied.

information should be carefus of death clearly and legibly.

causes

of

item

Every ite

INK.

UNFADING

Physicians:

MEDICAL

write

FOR

RESERVED

	53	1	aboo
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last irthday) Months Days

Hours: Min.

WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

12. CITIZEN OF

BIRTH NO.	1840		CERTIFIC	 DEATH	Regis	tered No.
1. NAME OF DI (Type or Print)	ECEASED	ALBERT	MURPHY		2. DATE OF DEATH	Febru

(Type or Print)	ALBERT MURPHY		OF DEATH	February 16, 19
B. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hos)	pital or institution, give street add	A. STATE	NCE (Where deceased B. COU	lived. If institution: residence NTY before admissi
HOSPITAL OR	hell Street	c. CITY OR TOWN	(If outside corpora	ate limits, write RURAL and s

Yrs. D. STREET ADDRESS (If rural, give location) Mos.

1424 Marshall Street c. Length of stay in Baltimore Davs 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years May 16, 1867

WIDOWED DIVORCED (Specify) male white 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR

work done during most of working life, even if retired) INDUSTRY

(If yee, give war or dates of service)

Ret. Watchman 13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Provident Bank

16. SOCIAL

SECURITY NO

CAUSE OF DEATH

11. BIRTHPLACE (State or foreign country) Marvland

14. MOTHER'S MAIDEN NAME

Generalzed arteriorchrosis

21F. HOW DID INJURY OCCUR?

17. INFORMANT

21c. WHERE DID

INJURY OCCUR?

206

FUNERAL DIRECTOR

23B. ADDRESS

ADDRESS Margaret Murphy, 1424 Marshall Street

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

19A. DATE OF OPERATION

(Specify)

21D. TIME (Month) (Day) (Year) (Hour)

21A. ACCIDENT, SUICIDE.

HOMICIDE

VS 150

DISEASE OR CONDITION DIRECTLY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

DUE TO

19B. MAJOR FINDINGS OF OPERATION

about home, farm, factory, street, office bldg., etc.)

218. PLACE OF INJURY (e.g., in or

21E. INJURY OCCURRED

NOT WHILE

OF INJURY AT WORK

22. I hereby certify that I attended the deceased from.

deceased alive on___ Feb-10, 1953, and that death occurred at. 23A. SIGNATURE

24A. BURIAL, CREMA TION REMOVAL (Specify 2/18/53

Meadowridge Park Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Dorsey,

Maryland ADDRESS

(If in Baltimore City, give exact location)

, 19 53 to Feb 16 , 1953 that I last saw the

9am., from the causes and on the date stated above.

1217 St. Paul Street

WITH LY, WITH important. especially 100 age PLEASE correct ag

1 Apple that the second of the s SERVICES OF DEATH

down

BALTIMORE CITY HEALTH DEPARTMENT

Registered No 1812

CERTIFICATE OF DEATH 2. DATE OF DEATH February 13, 1953 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) Maryland (If outside corporate limits, write RURAL and give C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 114 Juniper Street 8. DATE OF BIRTH 9. AGE (In years | fi Under 1 Year | If Under 24 Hours last birthday) | Months | Days | Hours | Min. 11-11-193 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT GOUNTRY 4 MOTHER'S ADDRESS NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Pulmonary embolus Thrombophlebitis of left iliac vein 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c. HAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

VS 151

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

7/2

ASE

PLEA

Directive of

Dr. George Davis

e	BI	53 RTH NO.	1.813	BAL		E OF DEATH	0 2	Tono
ld be carrully supplied.	1.	NAME OF DEC		HERI N	E TALBOTT		2. DATE OF Feb	. 16,1953
	A.	PLACE OF DEA Baltimore Cir	ty, Maryland		imore City	A. STATE	NCE (Where deceased lived, If i	
	H	OSPITAL OR	1504 N.Wol		location	c. CITY OR TOWN Baltimor	(If outside corporate limits	write RURAL and give township)
	c.	Length of sta	y in Baltimore	17. 11.15	Yrs. Mos. Days	7 504 N W	olfe St.	
should be	5.	F F	COLOR OR RACE	MIDÓÑ	E, MARRIED, VED, DIVORCED (Specify 1dOW	Feb. 15, 186	last birthday) Mor	Under 1 Year If Under 24 Hours nths Days Hours Min.
NDING information should so of death clearly a	10 worl	A. USUAL OCCU done during most of w House	JPATION (Give kind of corking life, even if retired) WITE		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St.	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
VG rmatic death		Andrew	Dennert			14. MOTHER'S MAIL	DEN NAME	0 041
R BINDING em of inform causes of dez	15 (Yes	NO DECEASED	EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Margare	et Kauffman-l'	736 N.Bond
MARGIN RESERVED FOR IUNFADING INK. Every item Physicians: please write the cau	CERTIFICATION	(This does repeated to the control of the control o	OR CONDITION LEADING TO DEAT LEADING TO DEAT LOT mean the mode of LEADING, asthenia, etc. It mea complication which con NTECEDENT CAUS OR CONDITIONS, II E ABOVE CAUSE (A) NG CONDITION LA  II GNIFICANT CONDITION EASE OR CONDITION EASE OR CONDITION	TIONS COING	(B)	nolegea de grande	Congel	Let 12/53 Let 13/5
H	AL	19a. DATE OF	OPERATION 1		FINDINGS OF OPER			20. AUTOPSY?
LY, WITH	MEDICAL	21A. ACCIDEN HOMICIDE	T. SUICIDE, (Specify)	21B. PLA ebout bome,	ACE OF INJURY (e. g., ferm,fectory,street, office bldg.,	in or 21c. WHERE DIE etc.) INJURY OCCUR		ive exact location)
A ally in	~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK						
ASE TITE PLA	24 TIC	22. I hereby deceased aliv 23A. SIGNATU AA. BURIAL CR DN. REMOVAL (Spe Burial	EMA-1 248, DATE	1953,	and that death occu	235 ADDRESS  236 ADDRESS  ERY OR CREMATORY	to Jeh 16, 1956 from the causes and on the Causes and on the 24D. LOCATION (City, fown. Balto. Md.	23c. DATE SIGNED
PLEASE correct a		ATE RECEIVED DCAL REGISTRA	BY REGISTRAR'S	SIGNATU			cror SONS, Inc. 13. Maryland	ADDRESS

VS 150

				_	0	-
28	3		1	8	il	5
31	RTH	I N	0.			
•	BLAI	***	A 10		-	

VS 150

# BALTIMORE CITY HEALTH DEPARTMENT

1815

3	IRTH NO. LOSLO	CERTIFICAT	E OF DEATH	Registered	NO
	NAME OF DECEASED Type or Print)  JCHN MICHAEI	CUNZEMAN		DEATH	. 14, 1953
В.	PLACE OF DEATH: Baltimore City, Maryland 2502 E. FULL NAME OF (If not in hospital or instit	Biddle St. ution, give street address or location)	4. USUAL RESIDENCE ( A. STATE Md.	B. COUNTY	before admission)
IN	NSTITUTION		c. CITY OR TOWN (I Balti	more	ts, write RURAL and give township)
c.	Length of stay in Baltimore	ife Yrs. Mos. Days		E. Biddle St	•
	male white	LE, MARRIED. DWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1905	9. AGE (In years last birthday) M	If Under 1 Year H Under 24 Hours onths Days Hours Min.
WOL	k done during most of working life, even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
	Salesman   Hendl B. FATHER'S NAME   William C. Cu	er Ice Cream Connection	14. MOTHER'S MAIDEN N		U.S.A.
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. no or nnknown) (If yes, give war or dates of service)  NO	16. SOCIAL SECURITY NO.	17. INFORMANT Rosal <u>i</u> n Volz Cun		above
FICATION	18. #20.   DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc injury or complication which caused dea  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	Y (A)	OF DEATH	Tombox	ONSET AND DEATH
CERTIF	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED IT.			
CAL	19A. DATE OF OPERATION   19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., i e, farm, factory, street, office bldg., c		(If in Baltimore City,	give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURR. WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
	22. I hereby certify that I attended the deccased alive on Jen 14, 195	e deceased from 20, and that death occur	red at 920 m., from		Shat I last saw the he date stated above.
2	James H. C	M. D.	2607 ( W	LOCATION (City, town	23c. DATE SIGNED  1 - 16.53  or county) (State)
Tie	on REMOVAL (Specify) Burial Feb. 18, 1953			Baltimore, Md	
	ATE RECEIVED BY REGISTRAR'S SIGNAT		Schimunek Funera		ADDRESS

51452

MARGIN RESERVED FOR BINDING

## BALTIMORE CITY HEALTH DEPARTMENT

53 1816 Registered No.

he	(3)	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
r pe	1. (T	NAME OF DECEASED Dr. Tru	uman S. Seeling		2. DATE OF DEATH 2/15/	53
hlly supplied.	a. Baltimore City, Maryland 2025 W. Fayette Street  B. FULL NAME OF (If not in hospital or institution, give street address or			4. USUAL RESIDENCE (VA. STATE 2804 Jeff	Where deceased lived. If ins B. COUNTY erson St. Balto	titution: residence before admission) .5, MQ.
ally :		ospital or istitution Bon Secours	location)		f outside corporate limits, w	rite RURAL and give township)
ca	C	Length of stay in Baltimore	52 yrs. Mos. Days	Baltimor b. STREET ADDRESS (If		
information should be can't sof death clearly and legibly.			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 17, 1899	9. AGE (In years   It Und last birthday) Month	er l Year ff Under 24 Hours S Days Hours Min.
on shot clearly	10 work	k done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY Morgan & Millard	11. BIRTHPLACE (State or f Bloomsburg, F		CITIZEN OF WHAT COUNTRY? U.S.A.
atic	13	FATHER'S NAME		14. MOTHER'S MAIDEN N		
dez	15	Clarence			Laura E. Neff	
of infuses of	(Yes	5. WAS DECEASED EVER IN U. S. ARMED F 6. no or nnknown) (If yee, give war or dates of U.S. Navy	f service) 16. SOCIAL SECURITY NO.	Informant Laura Seeling, m		RESS
INK. Every item of in please write the causes	ATION	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of cheart failure, asthenia, etc. It means injury or complication which cause  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF A	dying, e. g., (A)	arynery V.	c Gersia	A Vayo
I UNFADING Physicians:	CAL CERTIFIC	21a. ACCIDENT WAS UNDER-	ONS CON- DI RELATED AUSING IT.  B. MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (6. 8., 1)	a or   21c. WHERE DID (	If in Baltimore City, give	YES NO
Y, impoi	MEDI	LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (E	Hour) 21E. INJURY OCCURR  WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
TE PLA sepecially		22. I hereby certify that I attendeceased alive on Feb. 15,	nded the deceased from Es. 1952, and that death occur		the causes and on the	
PLEASE correct age	Er	4A. BURIAL, CREMA- ON, REMOVAL (Specify) ntombment Feb. 18,	1953 Lorraine Maus	RY OR CREMATORY 24b. L		county) (State)
PLEAS correct		ATE RECEIVED BY REGISTRAR'S	gion 1	25. FUNERAL DIRECTOR Schimunek Funer 2601-3+5 R Mad	al Home, Inc. A	DDRESS

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4-	D C	3 1817 IRTH NO.		BALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Segistered No.	3 1817
ed.	1. (T	NAME OF DECEA		rtin Hoffman		2. DATE OF Feb.1	6,1953
supplied	Α.	PLACE OF DEATH Baltimore City,	Maryland	1802 - Eutaw Place	4. USUAL RESIDENCE (W) A STATE Maryland		itution : residence before admission)
lly	H	FULL NAME OF OSPITAL OR ISTITUTION		al or institution, give street address or location)	c. CITY OR TOWN (If o	outside corporate limits, w	rite RURAL and give township)
car	c.	Length of stay in	n Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (Ifr 1103 - Somerset		
ald be	5.	SEX 6.CC	LOR DR RACE	7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 30, 1870	9. AGE (In years   1 Under   Month	n 1 Yeer H Under 24 Hours S Days Hours Min.
on shou		A. USUAL OCCUPA done duriog most of worki Church Sex	pg life, eveo if retired)	10B. KIND OF BUSINESS OR Catholic Church	11. BIRTHPLACE (State or for Germany	reign country)   12	CITIZEN OF WHAT COUNTRY?
rmatic	13	Christopher	r Hoffman		14. MOTHER'S MAIDEN NAME Maria Rose Miller		
em of info	15 (Yes	WAS DECEASED EVE	R IN U. S. ARMED yes, give wer or dated	of service) 16. SOCIAL SECURITY NO.	John Hoffman ,	1825 - 25th <b>St</b>	ress rest
Every ite write the	z	(This does not a heart failure, ast injury or comp	R CONDITION DING TO DEA mean the mode of henia, etc. It mea lication which of	DIRECTLY TH of dying, e.g., ns the disease, aused death.)  DUE TD	orderstre andes Neval	Vacalar	INTERVAL BETWEEN ONSET AND DEATH
ING INK	ICATIO	RISE TO THE AR	CONDITIONS, I BOVE CAUSE (A) CONDITION LA	F ANY, GIVING STATING THE DUE TD			
UNFADING Physicians:	CERTIFIC	TRIBUTING TO	II FICANT CONDI THE DEATH, BUT E OR CONDITION	NOT RELATED			
ht .	AL	19A. DATE OF OP		98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
LY, WITH	MEDIC	21A. ACCIDENT. S HOMICIDE (Sp	SUICIDE, ecify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., e		in Baltimore City, give	exact location)
LA ially im	2	21D. TIME (Mont) OF INJURY	n) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
ITE PI s especi		deceased alive o	7 //	ended the deceased from		e causes and on the c	
re 1s		23a. SIGNATURE	Jugue &	- 1 June M. D.	1115h, Calv	es m	SC. DATE SIGNED
PLEASE correct age		4a. Burial, CREM ON, REMOVAL (Specify Burial	Feb. 18	24c. NAME OF CEMETE 3,1953 Sacred Heart	2 21	imore, Marylan	
PLE		ATE RECEIVED BY	REGISTRAR'	S SIGNATURE	25. FUNERAL DIRECTOR	Ar Funeral How	DDRESS

Huntingtone i Dileus Eard B. Wolverton Funeral Home Inc 403 - E. 25th Street, Baltimore -18,Md

The state of the state of the same of the landing part factours and page it is businessed No. 7 (See 18 level 1920), No. 1485 P. May 27 Laborator

e-	3	1818 C-264 BALTIMORE CITY HE CERTIFICATION		1818
supplied.	3. A.	NAME OF DECEASED Also known as Marcantonio ANTONIO OT PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	2. DATE OF DEATH  4. USUAL RESIDENCE (Where deceased lived, If insert B. COUNTY	stitution residence before admission)
ally.	HC	DSPITAL OR STITUTION  TO HOS HOPKINS HOSPITAL  Yrs.  Mos.	D. STREET ADDRESS (If rural, give location)	write RURAL and give township)
ld be	5.	Length of stay in Baltimore  Days  SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  A. USUAL OCCUPATION (Givehindel 108, KIND OF BUSINESS OR	July 7, 1882   last birthday) Mont	der I Yeer If Under 24 Hours hs Days Hours Min.
ation oth cle	work	e done during most of working life, even if retired)  Restaurant DUSTRY  BOT  FATHER'S NAME	Italy 14. MOTHER'S MAIDEN NAME	WHAT COUNTRY?
BIN of ises	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or nnknown) (If yes, give war or dates of service)  18. // / 2 / CAUSE	17. INFORMANT ADE	ORESS OTAL
RESERVED FOR INK. Every item please write the cau	Z	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	barachnoil Hemorrhage. Usensin eardis -	NOUS NO DEATH
MARGIN RE UNFADING IN Physicians: ple	RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	ascular diseau	Kenknar
144	CAL CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Y, WITH important.	MEDIC	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in Lying OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in Lying Cause of Death  21B. PLACE OF INJURY (e. g., in Lying Industry), about home, farm, factory, atreet, office bldg., etc.	injury occur?	
TTE PLA		23A. SIGNATURE MChard W Hellows. 2	rred at 5.30 Pm., from the causes and on the JOHNS HOPKINS HOSPITAL	date stated above. 23c. DATE SIGNED
PLEASE correct age	TIC	Feb.18 1953 Holy Redeemed ALE REGISTRAR REGISTRAR REGISTRAR	Cemetery 4430 Belair Rd	ADDRESS High St.
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1819 Registered No.

DI	RIH NO.							
1. (T	NAME OF D	ECEASED	Fanct	ina Collevecch	10	OF DEATH Feb.	14 1	052
3.	PLACE OF DI	FATH	rauso	THE COTTAGECT	4. USUAL RESIDENCE (	Where deceased lived It	institution	y55
A.	Baltimore C	Sity, Maryland	l or institut	ion, give street address or	A. STATE	B. COUNTY		residence ore admission)
H	SPITAL OR	Baltimore Cit 4940 Eastern	Tosa	location)		f outside corporate limi	ts, write RII	RAL and give
IN	STITUTION	1940 Eastern	A HOSP	LUIS	Baltimore	3.	-77	township)
0	+	1710 2000111	27.70.	Yrs.	D. STREET ADDRESS (If	aural give leastion)	0	
				Mos.				
		tay in Baltimore		yrs. Days	240 Albems			
5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year onths: Days	Hours Min.
	F	Wh		VED DIVORCED (Specify)		79		
10	A. USUAL OC	CUPATION (Give kind of	108. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZ	
fork		f working life, even if retired)	TT	INDUSTRY	Italy		WHA.	COUNTRY?
13	HOUSE FATHER'S N		Hom	8	14. MOTHER'S MAIDEN N	ANAE		
					17.6			
		rchangel Zam			Angela Mar:	THOUSE THE PARTY OF THE PARTY O		
15 Yes	, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: Balto	City Hospita	DDRESS	
	18. 260	7	7.5	CAUSE	OF DEATH	ASSISTED AVEL	INTER	AL BETWEEN
		E OR CONDITION I	OLDECT! V	0.1002	O. BEATT		ONSET	AND DEATH
		LEADING TO DEAT	H	Genera	lized Arterioscle	modia with		7
	(This does heart failu	not mean the mode of	f dying, e. 1 na the diseas	e. (A)	······································	TOSTS MT III		•
	injury or	eomplication which en	aused death	DUE TO Urem	ia			
		ANTECEDENT CAUS	FC					
-		MILECEDENT CACO		Diabet	es Mellitus			
ō	DISEASES	OR CONDITIONS, IF	ANY, GIVIN	ig.		***************************************	***************************************	* * * * * * * * * * * * * * * * * * * *
	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO				
Ü				(C)		***************************************		***************************************
RTIFICATION	100	11		Paris -				
7	OTHER S	II IGNIFICANT CONDI	TIONS CON	4.				
ц		TO THE DEATH, BUT I						
U		The second secon		FINDINGS OF OPER	ATION		20	AUTOPSY?
	ion Date o	O'ERAHORO .	B. MAJON	I MDINGS OF CLER	ATTON		YFS YFS	No K
3	21. 100101		210 DI	ACE OF INJURY (e. g., in	or 21c. WHERE DID (	If in Baltimore City,		
MEDICAL	LYING OF	ENT WAS UNDER- CONTRIBUTING	about home,	farm, factory, street, office bldg., e	INJURY OCCUR?	ir in banimore City,	give exact	location)
	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?		
	OF INJURY			WHILE AT NOT WHILE				
			m.	WORK AT WORK	10 (0	0.35	2	
		y certify that I att		woodway j. The	-17 , 152, to_			last saw the
	deceased al		, 19.55,		red at 7:35pm., from t	he causes and on t		
	23A, SIGNAT	H.C. John	186 L		зв. Address 940 Eastern Ave.,	Balto. Md.	23c. DA	TE SIGNED
24	A. BURIAL, C N, REMOVAL (S	REMA- 248. DATE			RY OR CREMATORY   24D. L		, or county)	(State)
TIC			7057	Hallan D. A.	O	70 -		
D	Burial TE RECEIVE	Feb. 18	1953		er Cemetery 411	30 Belair	ADDRES	9
	CAL REGIST		SIGNAIL	700	CI PONERAL DIRECTOR	1.00	ADDRES	
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	VS 150	1998	7)				- 11 G 11	- RO 0 -

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UNFADING INK. Every item of information should be cally supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING TE PLA Y, WITH sespecially important.

PLEASE * correct age

BIRTH NO

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	00	1821
Registered	No.	AT AT AT AT

40			***				
	1. NAME OF D (Type or Print)		LOUISE	G. COYLE	2. DATE OF DEATH 2/15/53		
	a. Baltimore City, Maryland I351 Jackson St.				A. STATE	NCE (Where deceased lived, I	
I	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					***	
1	INSTITUTION			100401011	C. CITY OR TOWN (If outside corporate limits, write RURAL and towns		
.	(3-4)				Baltimor		1-0
ij.				Yrs.	D. STREET ADDRESS (If rural, give location)		
1	c. Length of s	tay in Baltimore		Mos. Days	I35I Jac	ekson Street	
	5. SEX	6. COLOR OR RACE		E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
	F	W		VED, DIVORCED (Specify)	4/2 /1887	65	Min.
1,		CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housewo		Home		Maryland		WHAT COOKINT
	13. FATHER'S N	NAME			14. MOTHER'S MAIL	DEN NAME	
		Anthony			Mary Ida Nurser		
1	15. WAS DECEASE (Yes, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
	No	(=1 200) 8110 1142 02 0200	3 01 201 1100)	SECURITY NO.	Family - 3	Same	
[]-	18. 33			CALICE	OF DEATH		INTERVAL BETWEEN
	Con son, I			CAUSE	OF DEATH	. / .	ONSET AND DEATH
H	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (PANAL Hommhaul)					1-3/m	
	(This does	not mean the mode oure, asthenia, etc. It mea	f dying, e. a	g., (A)	V		
I		complication which c					
	7	ANTECEDENT CAUSES - //			temple on	a	342
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						***************************************	
	UNDERLY	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO			
	ें।			(C)			
	L -	11					
	OTHER S	IGNIFICANT CONDI					
1	TRIBUTING	TO THE DEATH, BUT			***************************************		
	. 19A. DATE C			FINDINGS OF OPER	ATION		20, AUTOPSY?
	A						YES NO
1	Z1A. ACCID LYING ☐ OI	ENT WAS UNDER-		ACE OF INJURY (e. g., i			
	☐ LYING ☐ OF	R CONTRIBUTING	about home,	farm, factory, street, office bldg.,	ote.) INJURY OCCUR	7	
	Σ Adost of	(Month) (Day) (Year)	(Hours)	21E. INJURY OCCURR	ED 215 HOW DID	NJURY OCCUR?	
I	OF INJURY	(Month) (Day) (Tear)	100 100 100 100			INJURY OCCURY	
			m.	WHILE AT NOT WHILE	10		
	22. I hereby certify that I attended the deceased from the 193, to fut 1/3, 1933 that I last saw						that I last saw the
		live on FSF 13	1	and that death occur	rred at 4 m	from the causes and on	
	23A. SIGNAT		, 102		3B/ADDRESS	1011 the causes that on	23c. DATE SIGNED
-		1/1/1	nelle	WN	1274 1	Illiam 11	2-117/5%
-	24A. BURIAL, C	CREMA- 24B, DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow)	n, or county) (State)
	TION, REMOVAL (S	peeify)					
.	В	2/19/53		Holy Redeeme		Baltimore	ADDRESS

James L. McGally - 130 E. Fort Ave.

LOCAL REGISTRAR

THE RESIDENCE OF THE PARTY OF T 

### BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

53 1822

Registered No.

r.	BI	IRTH NO.		CERTIFICATI	OF DEATH			
	1. (T	NAME OF D	ECEASED	Walington and the second		2. DATE OF		
ed	WILLIAM W. SMITH				DEATH 2/I			
ully supplied	3. A.	3. PLACE OF DEATH: A. Baltimore City, Maryland 540 Maude Avenue B. FULL NAME OF (If not in hospital or institution, give street address or			4. USUAL RESIDENCE (	Where deceased lived, B. COUNTY	If institution : residence before admission)	
sul	В.				Md.			
lly	IN	OSPITAL OR		location)		foutside corporate lin	nits, write RURAL and give	
	1				Baltimore		Cold sented	
e c. legibl		Yrs.			D. STREET ADDRESS (If		,	
e c	-	c. Length of stay in Baltimore Days						
d b and	3.	200	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under   Year   If Under 24 Hours   Months: Days   Hours   Min.	
oul	10	M NEUAL OC	CUPATION (Give kind of	W	7/9/66	86		
sh	worl	k done during most	of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY	
col		Painter B. FATHER'S N	231	B,C,& A Co.	Maryland			
ath	13	. FAIHER S	NAME		14. MOTHER'S MAIDEN N	AME		
de		?		?				
of information should be uses of death clearly and	(Ye	g, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
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m		18. 420	.0	CAUSE	OF DEATH		ONSET AND DEATH	
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e th		(This does	not mean the mode ore, asthenia, etc. It mea		ercoccerac	z Kent	***************************************	
Every write th		injury or	complication which c	aused death.) DUE TO	ene			
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ple	OIT	RISE TO T	HE ABOVE CAUSE (A)	STATING THE DUE TO				
NG IS:	CA	ONDERL	THE CONDITION LA	(C)	***************************************	*************************		
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WITH tant.	CA						YES NO	
Y, WITH	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.)  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING OR CONTRIBUTION OR CONT							
, a	2		(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	D 21F. HOW DID INJUR	Y OCCUR?		
Ally		OF INJURY  WHILE AT NOT WHILE TO WORK AT WORK						
FE PLA especially		22 I hereb	as acoutifus that I ass	ended the deceased from 2	1/4 , 19/3, to	2/1/2 10	55, that I last saw the	
(TE espe		deceased a	line on 2/16	, 1953, and that death occur	red at a 35pm from t	he causes and on	the date stated above	
S e		23A 9 GNA	TURE //	1   2	3B ADDRESS	1.	23c. DATE SIGNED	
0		Som	- of / Phyl	M. D.	203 ( all ah	ees an	2	
age age		4A. BURIAL, ON, REMOVAL (S		24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, tow	n, or county) (State)	
AS		B	2/18/53	Baltimore	Ba	ltimore		
PLEASE correct a		ATE RECEIVE		S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS	
H S	I	-EBI/I	433 Tunting	grown gustag MgP)	Vames L. McCull	y - 130 E.	Fort Avenue	

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CALLS IN

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The	ВІ	IRTH NO.1 6 - 3 1 1 7	L OI BEATT	
ally supplied.	(T	NAME OF DECEASED  Sype or Print)  MCHSAL WHITE	2. DATE OF PEB.	15 1953
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
	ll uz	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, v	vrite RURAL and give
	IV	ISTITUTION NIUS REING HOSPIVAL	BARTIMS RE 17	- () township)
e call	C.	Length of stay in Baltimore  8 ms S Mos. Days	D. STREET ADDRESS (If rural, give location)	h
DING nformation should b of death clearly and	5.	SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years it limited)  Month	ler I Year If Under 24 Hours as Days Hours Min.
	1C worl	A. USUAL OCCUPATION (Give kind of Lidone during most of working life, even if retired)  INDUSTRY	11. BARTHDLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY!
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME DOROTHY BURKE	7
	15 (Ye	S. WAS DECEASED EVED IN U. S. ARMED FORCES?  (If des, give war or dates of service)  SECURITY NO.		RESS A
=		18. 002 X . CAUSE C	OF DEATH	INTERVAL BETWEEN
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- 27		heart failure, asthenia, etc. It means the disease,	CALLANDIA CONTROLL	BDAys
05		injury or complication which caused death.) DUE TD  ANTECEDENT CAUSES		2
RESE INK.	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	UBGREULOSKS	
	ATIC	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO POLY	MUNING TUBERLULUSO	2
EGIIN DIN ians	IFIC		/	
MARGIN UNFADING Physicians:	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ы.	Į.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
Y, WITH important.	EDIC/	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, given in Jury occur?	1
rmpo	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?	
Alla		OF INJURY WHILE AT NOT WHILE TO		
PLA peciall		22. I hereby certify that I attended the deceased from 2/1		that I last saw the
(TE		deceased alive on 114, 19 33 and that death occur 234 916 NATURE   2		date stated above.
P0	_	M. D.	RY DR CREMATORY 24D. LOCATION (City, town, or	County) (State)
ASE ct a	S)	4A. BURIAL, CREMA- 24B DATE 24C, NAME OF CEMETE	m Pim Balla	HAS State)
PLEASE		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS 322 N.
що		FFR 1 7 1051 Tuntington & 5: 3. 4.	Me Satie K. Williams So	hocken St

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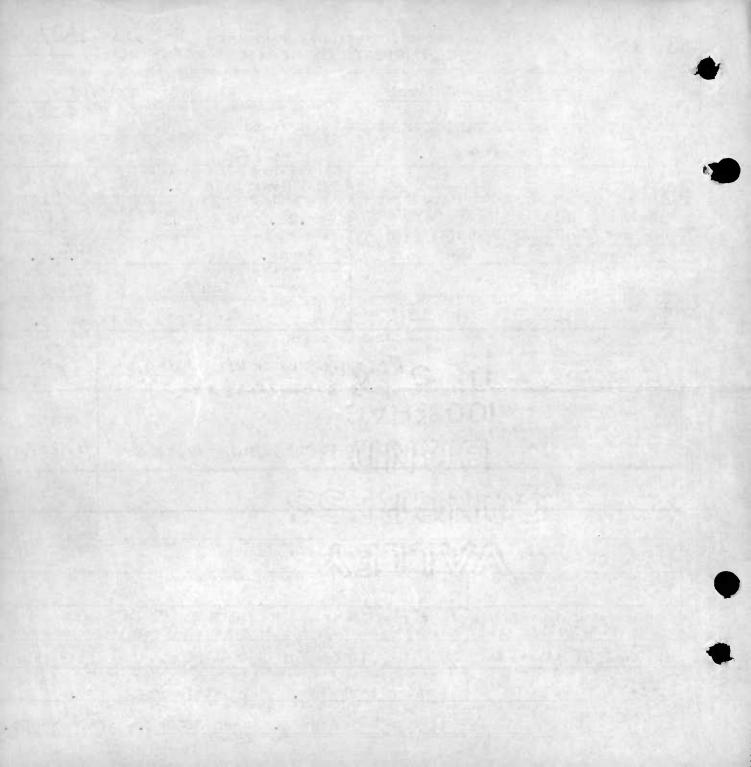
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e P	5	3 1826 RTH NO.	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No.	1.826
can ally supplied. The	1.	NAME OF DECEASED PORK	Formesi	7	2. DATE OF DEATH FEL	5.15.1953
	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in	stitution, give strect address or	4. USUAL RESIDENCE (V	Where deceased lived. If ins B. COUNTY	before admission)
	H	DISPITAL OR PROVIDE A	y 4 Hosp.	C. CITY OR TOWN (II	outside corporate limits, v	vrite RURAL and give township)
	c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS. (IS	rural, give location	
uld be	5.		NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH AUR. 10, 1893	9. AGE (In years   H Und last his thday) Month	der Vear if Under 24 Hours ns Days Hours Min.
on should be ca clearly and legib		A. USUAL OCCUPATION (Give kind of to b. stone turing most of working life, even if retired)	NIND OF BUSINESS OR INDUSTRY	LONG TO	reign country)   12	WHAT COUNTRY
ati	13	James Sale	65	14. MOTHER'S MAIDEN N	Vhite	
BINDING of inform uses of dea	15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORC (If yes, give war or dates of serv	ES? 16. SOCIAL SECURITY NO.	DONN L. FO	nnest ADD	MOUNT &
OR item		DISEASE OR CONDITION DIRECT	CTLY	OF DEATH		ONSET AND DEATH
		(This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused	disease.			
RESERVED INK. Ever please write	NO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY,		ome Glomen	lopephits	,
	ICATIO	RISE TO THE ABOVE CAUSE (A) STATH UNDERLYING CONDITION LAST.	(C)	LyperXen	w	)
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS:	ELATED			
hri	AL C		AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
Y, WITH	1EDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about CAUSE OF DEATH	s. PLACE OF INJURY (e. g., I home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, give	exact location)
EE PLA x	M	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	) 21E. INJURY OCCURR  WHILE AT NOT WHILE MORK AT WORK		r occuri	
		22. I hereby certify that I attended deceased alive on 24.5, 19	one accepted in the	red at 11 m., from t	2.ch. 15, 1953, the causes and on the	that I last saw the
200	1	23A. SIGNATURE	M. D.	3B. ADDRESS	thee bu	23c. DATE SIGNED
PLEASE v	2	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	3 9 Page of CEMETE	Cem. La	MADML	(State)
PLI		ATE RECEIVED BY REGISTRAR'S SIG		Me Katie R.W	Illians S	through &
		VS 150	70	- 6-1		

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	BI	RTH NO.	E OF DEATH REGISTERED NO.					
	1. (T	NAME OF DECEASED  (ype or Print) Mary Regina Shimmel	2. DATE OF 9/15	/53				
	3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If instituted as STATE B. COUNTY	tution: residence before admission)				
	H	FULL NAME OF (If not in hospital or institution, give street address or location) ISTITUTION  1423 Homestead St.	Maryland  c. CITY OR TOWN (If outside corporate limits, wr	ite RURAL and give township)				
1		Yrs.	Baltimore 7 0	3				
500		Length of stay in Baltimore 26 Vrs Mos. Days	1423 Homestead St.					
David (		Female   6.COLOR OR RACE   7. SINGLE. MARRIED, WLDOWED DIVORCED (Specify)   Married   White   Married   Ma	8. DATE OF BIRTH  Mar . 20 . 1890  9. AGE (In years last birthday)  Months					
	10 work	A. USUAL OCCUPATION (Givekiod of 10B. KIND OF BUSINESS OR INDUSTRY Housewife (Washing Street)	11. BIRTHPLACE (State or foreign country) 12.  Penna.	CITIZEN OF WHAT COUNTRY? U.S.A.				
	13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.5011				
	15	John Becker	Mary Kilduff					
-	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or uoknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR Homer Shimmel 1423 Homest					
3		18. /53× CAUSE C	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rioscleratic Cardio-	144				
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
		ANTECEDENT CAUSES	calde bisease					
	Z							
The state of the s	FICATION	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	carcinema, Sigmoid by					
	ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
	U	TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER.	ATION	20. AUTOPSY?				
	CAL	9		YES NO				
To day	MEDICA	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	or 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)				
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK AT WORK						
		22. I hereby certify that I attended the deceased from De	0. 1052 to Feb. 15 10534	at I last saw the				
4 2		deceased alive on Feb. 14, 1952, and that death occur	red at 6. m., from the causes and on the d	ate stated above.				
		WM. H. Jamule, J. M.D. J	ros Theridan are. 7.	C. PATE SIGNED				
3	TIC	Burial 2/18/53 Loudon Par		ounty) (State)				
	DA		25. FUNERAL DIRECTOR AD	DRESS				
		EB 7 050 Huntington 12 wallet,	John A. Meran 3000 E. Bal	timere St.				
		VC 150	Per Medeuris					



53 1828 FILM #G608 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	NT 53 1828  Registered No. 10/31/85
1. NAME OF DECEASED MAR PARTIES (Type or Print) MARY Prassinas -	2. DATE OF DEATH 2-15-53-
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE A. STATE	(Where deceased lived, If institution: residence B. COUNT) before admission)
3. PLACE OF DEATH: A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)  A. STATE  C. CITY OR TOWN	(If outside corporate limits, write RURAL and give township)
Yrs. D. STREET ADDRESS	(If rural, give location)
C. Length of stay in Baltimore  C. Length of stay in Baltimore	9. AGE (In years If Under I Year If Under 24 Hours
Married 9189	or foreign country)   Months Days Hours Min.
50 Housewife greece	WHAT COUNTRY
13. FATHER'S NAME STATE OF THE MOTHER'S MAIDEN	Bulles
NIGHT SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO. 18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT SECURITY NO. 18. INFORMANT SECURITY NO. 18. INFORMANT SECURITY NO. 19. INFORMANT SECUR	ADDRESS
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO  CAUSE OF DEATH  (A) Cerelia C Louis (B)	Masse 3 yrs.
UNDERLYING CONDITION LAST.  (C)  UNDERLYING CONDITION LAST.  (C)  UNDERLYING CONDITION CONTRIBUTIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
HELD 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
215. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED 216. HOW DID INJ	URY OCCUR?
22. I hereby certify that I attended the deceased from Que 1950, to	2-15, 1953, that I last saw the m the causes and on the date stated above
1 9 # 1 0 0 1	1: ballo-2 2/17/53
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. PUNEAL DIRECTOR	LOCATION (City, town, or county) (State)
LOCAL REGISTRAR Houtington & Taux, My LAMbros	Inc. 440 E.N
VS 150	

20. AUTOPSY (If in Baltimore City, give exact location) _. 1953, that I last saw the deceased alive on Jan. 16 19.53, and that death occurred at 450 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCAT ON (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24B, DATE Balto, Md. Cremation Green Mount Crem. DATE RECEIVED BY ADDAESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

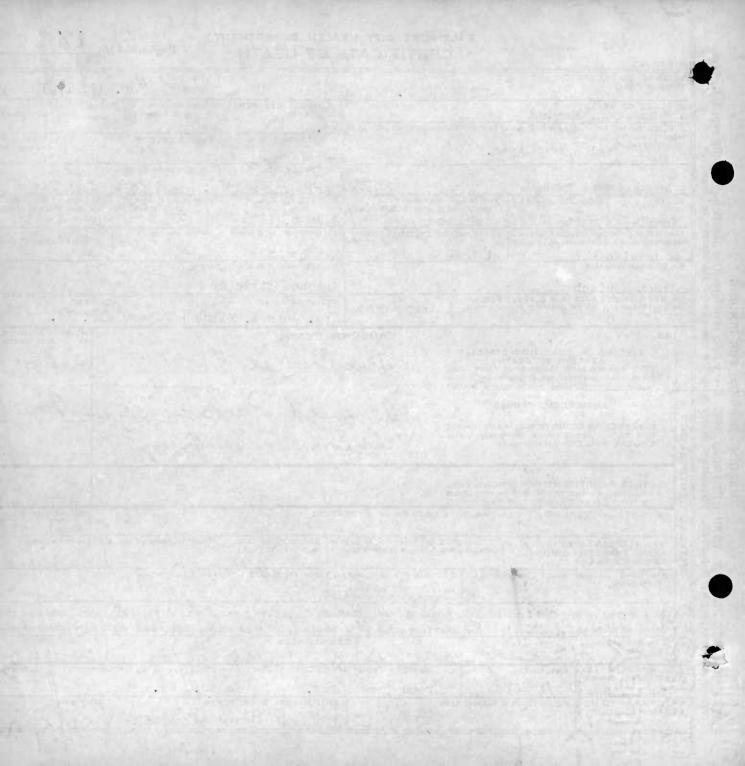
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NTERVAL BETWEEN

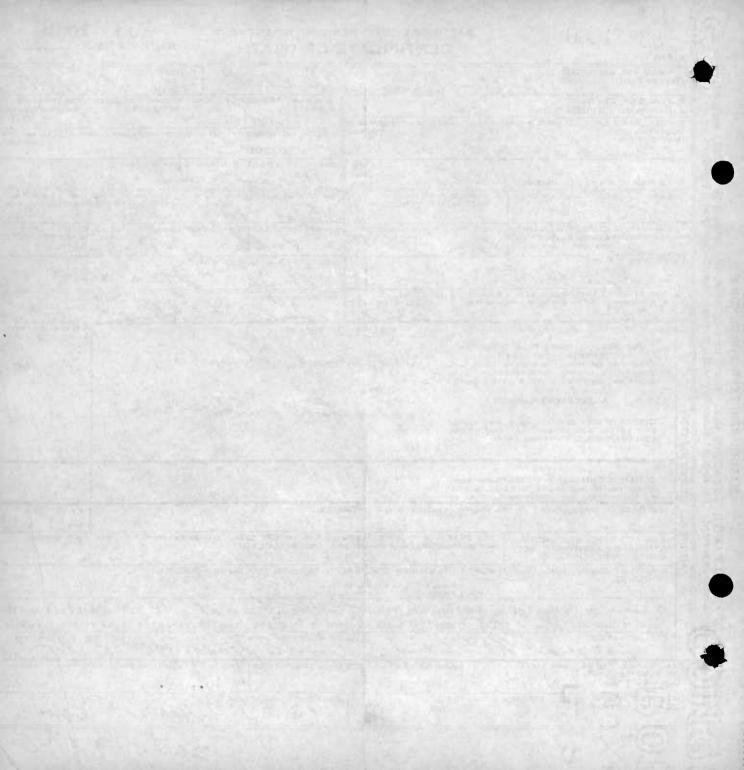
ONSET AND DEATH

township)



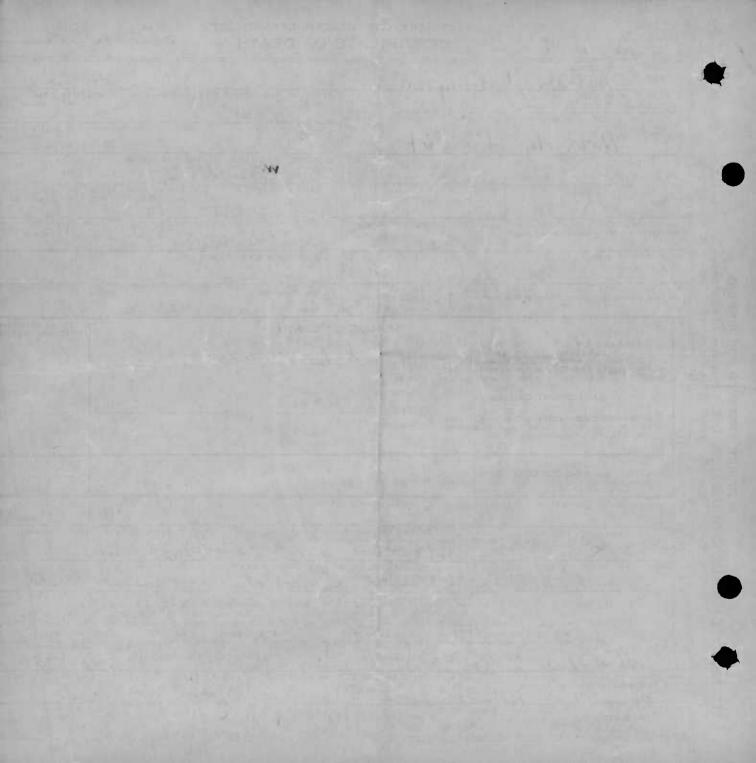
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	53 183	30	BAI			ALTH DEPART		Regis	tered No.	1830
ВІ	RTH NO.			CERTIFIC	CATE	OF DEAT	Н	Regis	refed 140.	
	NAME OF DECEA	BAK	El -	luma	2	Scalet	th	2. DATE OF DEATH	der	6 16/195
	PLACE OF DEATH Baltimore City,		BR	et -		4. USUAL RESID	ENCE (W	B. COU		titution : résidence before admiss
HO	FULL NAME OF	(If not in hospita	al or institut	tion, give street ad	dress or	c. CITY OR TOWN	J (If e	outside corpore	alten	vrite RURAL and
IN	ISTITUTION	Hans	201	tosp.		Towson		5	8	towns
3	5		0	16	Yrs. Mos.	D. STREET ADDR	ESS (If	ural, give loca	tion)	
-	Length of stay in	Baltimore	7 SING	E. MARRIED.	Days	8. DATE OF BIRTI	14	9. AGE (in )	KM.	es   Yeas   If Under 24
	T	W	WIDOV	DIVORCED		Del 28,1	878	last birtho		Bays Hours
10 ork	A. USUAL OCCUPA a done during most of working	TION (Give kind of parties, even if retired)	10B. KIND	O OF BUSINESS IND	OR	11. BIRTHPLACE (	State or for	reigh country)	12	HAT COUNT
13	FATHER'S NAME	re &	PAKZ	R		14. MOTHER'S MA	AIDEN NA	He	lla.	
15 Yes	MAS DECEASED EVE	R IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT	W	201	ADD 6	RESS Cheps
1	18. 2 2 2 V			CA	USE C	F DEATH	1	o more	polica	WINTERVAL BETW
	18. 3 3 2 X   CAUSE OF DEATH ONSET AND DEATH  DISEASE OR CONDITION DIRECTLY									
	(This does not r	nean the mode of	dying, e.	B., (A)	rel	nal Is	mon	live	>	12 wh
		henia, etc. It mean lication which c								
Z ANTECEDENT CAUSES (B) Generalised arlenorlerosis										
2	DISEASES OR	CONDITIONS, IF	ANY, GIVII	NG (B)	endadi	Lused an	cens	acen	72-50	
A LIC		OVE CAUSE (A)		HE DUE TO						
3				(C)	*************					***************************************
	OTHER SIGNIF	II '	TIONS COL	4.						
		HE DEATH, BUT I								
اب	19A. DATE OF OP	ERATION 1	9B. MAJOR	FINDINGS OF	OPERA	TION				20. AUTOPS
E DICA	21A. ACCIDENT I LYING OR CON CAUSE OF DEAT	TRIBUTING		ACE OF INJURY				in Baltimore	City, give	YES No
Σ	21D. TIME (Month		(Hour)	21E. INJURY O	CCURRE	D 21F. HOW DID	NJURY	OCCUR?		
	OF INJURY		m.		T WHILE					
	22. I hereby cer	tifu that I att				2/2,195	3 to 2	el 16	. 1953 t	hat I last saw
	deceased alive o	ndels 16	, 1953	and that death	h occurr	ed at 6.5 pm.	, from th	e causes an	d on the	date stated ab
	23A. SIGNATURE	men /	1.	loud.	23	B. ADDRESS	Home	s+ 40	201	23c. DATE SIGN
24	AA. BURIAL, CREMA	248. DATE		24c. NAME OF C	EMETER	Y OR CREMATORY		CATION (Cit	y, town, or	county) (Sta
110	Burial Specify	2/19/53		Loydon Pa	ark		Balto	, Md.	BIN	0
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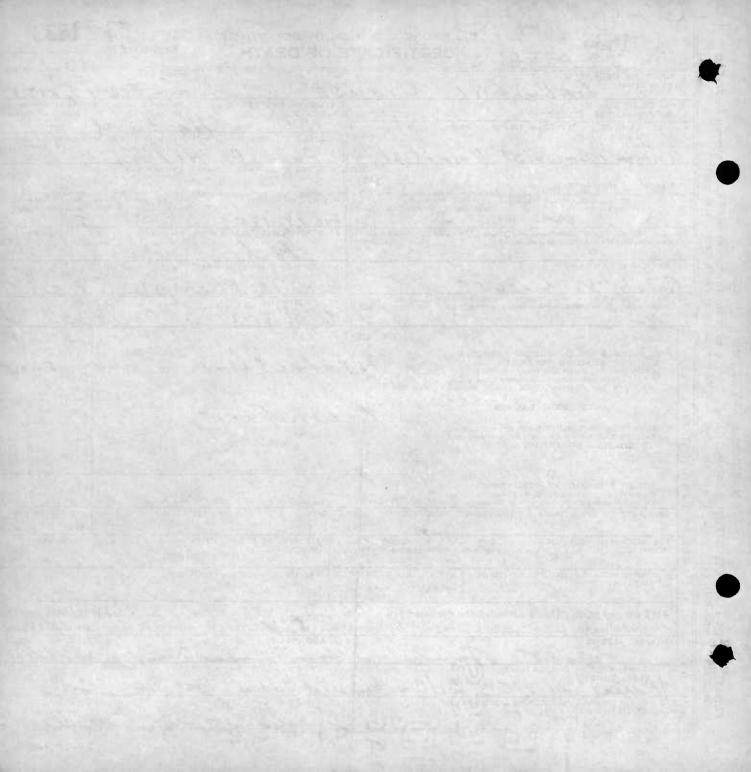
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В	53 BIRTH NO.	1831			ALTH DEPARTMENT OF DEATH	Registered	3 183i
	. NAME OF D Type or Print)		t Alden Guthrid	dge		2. DATE OF DEATH Feb:	ruary 16, 1953
	. PLACE OF D. Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (		
В.	FULL NAME	OF (If not in hospit	al or institution, give street	address or location)	Virginia	V-	42
	NSTITUTION	US PHS Hospi Baltimore, M			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township		
ļģ   -		Daroning, P	lar y raila	Yrs.	D. STREET ADDRESS (I	f rural, give location)	
		tay in Baltimore		Mos. Days	3713 First R	oad South	
S I	Male	6. COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, DIVORCE Wid.	D (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	ff Under   Year   If Under 24 Hours   Conths Days   Hours Min.
T TO	DA. USUAL OC k done during most o	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINES	S OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
causes of death cle	Engineer 3. FATHER'S N	IAME	Seafaring	100	La.		USA
ath	Guy Guth				14. MOTHER'S MAIDEN		
Ö  -		D EVER IN U. S. ARMEE	FORCES?   16. SOCIAL		Raschen Smith		
O (Ye	Inknown)	(If yes, give war or date	s of service) SECURIT	TY NO.	Records, US PHS Hospital, Balto., Md.		
Physicians: please write the CERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	not mean the mode ore, asthenia, etc. It mea complication which examples on CONDITIONS, IN HE ABOVE CAUSE (A) ING CONDITION LA II IGNIFICANT CONDITION THE DEATH, BUT ISEASE OR CONDITION	re the disease, aused death.) DUE TO SES  FANY, GIVING STATING THE DUE TO ST. (C)	hydrot	fibrinous pleur		Recent
1	19A. DATE C	F OPERATION 1	9B. MAJOR FINDINGS	OF OPER	ATION		20. AUTOPSY?
mportant.	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJUR about home, farm, factory, street,			(If in Baltimore City,	YES X NO give exact location)
ally	21D. TIME ( OF INJURY	Month) (Day) (Year)		OCCURRE	D 21F. HOW DID INJUF	RY OCCUR7	
especie	deceased al	ive on Feb. 16	ended the deceased fro , 1953, and that dea	th occur	30, 1953 to F red at 11: 15 m., from 38. ADDRESS	eb. 16, 19 the causes and on	that I last saw the the date stated above.
age Tie	4A. BURIAL, CON. REMOVAL (S	Turker Jini REW 24B. DATE pecify) 2/17/53	24c. NAME of		US PHS Hospital RY OR CREMATORY 240. Orial Park		2-17-53 n, or county) (State)
D.	ATE RECEIVE OCAL REGIST	D BY   REGISTRAR'	s signature	O	25 FUNERAL DIRECTOR	kner +>	ADDRESS
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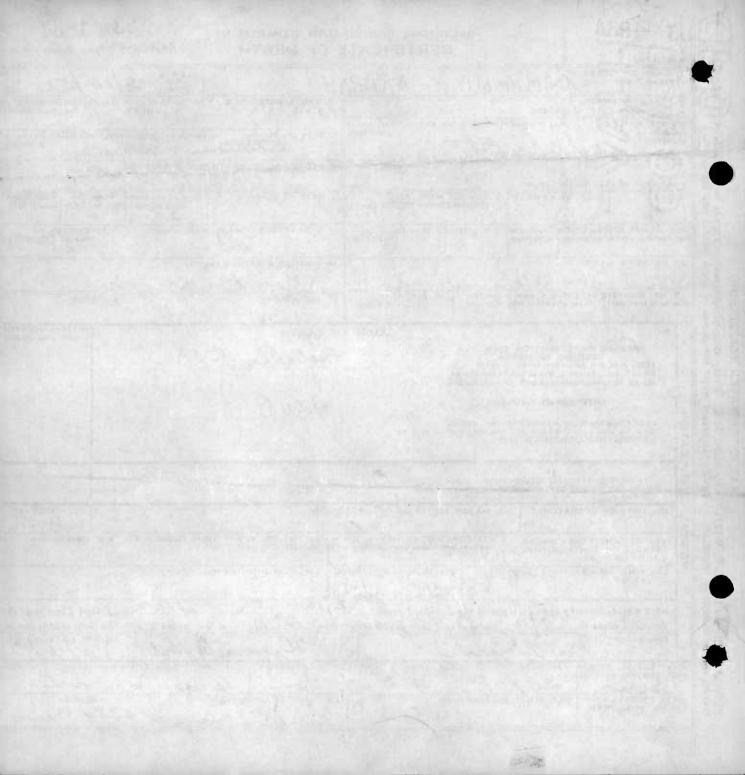
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53 1834 \ BALTIMORE CITY HEALT	
BIRTH NO. CERTIFICATE O	F DEATH Registered No.
1. NAME OF DECEASED AMMOND, ARBRAY	2. DATE OF 2/16/53
A. Baltimore City, Maryland	JSUAL RESIDENCE (Where deceased lived, If institution: residence TATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. C.	ITY OR TOWN (If outside corporate limits, write RURAL and give township
c. Length of stay in Baltimore	TREET ADDRESS (If rural, give location) Course Measle Rd
MIDOWED, DIVORCED (Specify)	ATE OF BORTH  9. AGE (in years if Under 1 Year last hirthday)  Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  2 INDUSTRY	BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17. I	NFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	NFORMANT ADDRESS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Heude CIA
OTHER SIGNIFICANT CONDITIONS CON-	
194 DATE OF OPERATION   100 MA ION FINDINGS OF OPERATION	N 20. AUTOPSY?
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)	PIC. WHERE DID (If in Baltimore City, give exact location) NJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 OF INJURY  MHILE AT WORK NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
deceased alive on 2/16, 19 53 and that death occurred a	1953 to 2/6, 1953, that I last saw the
23A. SIGNATURE So. Alderman M. D. 23B. A.	University Hosp. 23c. DATE SIGNED
24A. BURIAL, CREMA- TION REMOVAL (Specify)  2// 9/53  24C. NAME OF CEMETERY OR  24// 9/53  57. Rust	an a.a. Co. md
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  1 9 5 3 0 2 a	MERAL DIFFECTOR DA ADDRESS ADD
VS 150	0



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) BERNARD JOSEPH FOWLER ully supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR VA HOSPITAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) BALTIMORE 18. MD. BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) 幾 1800 BARCLAY STREET c. Length of stay in Baltimore information should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year WIDOWED, DIVORCED (Specify)
MARRIED last birthday) Months: Days Hours: Min. MALE WHITE 3/2/96 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? CHAUFFER CHAUFFERING BALTIMORE, MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE P. FOWLER MARY JANE McCLOSKEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 6/22/18 to 1/11/ UNALGEL 34 OVA HOSPITAL RECORDS of VAH, BALTO. 18 MD. INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH CRANIAL HEMORRHAGE UNKNOWN (This does not mean the mode of dying, e.g., heart failure, asthonia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTI OTHER SIGNIFICANT CONDITIONS CON-CIRRHOSIS OF THE LIVER TRIBUTING TO THE OEATH, BUT NOT RELATED UNKNOWN TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY LY, WITH important. EDICA 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in mr (If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 2/14 2/15 22. I hereby certify that attended the deceased from___ _, 1953, to___ decreed align correct and that death occurred at 8:18am., from the causes and on the date stated above. 23A. SJONATURE 23B. ADDRESS 23c. DATE SIGNED VAH, BALTIMORE 18. MD. Derman) 2/16/53 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY | 24c. LOCATION (City, town, or county) 24B. DATE 2-17-53 Baltimore National Cem Baltimore Md. Burial DATE RECEIVED 8Y REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

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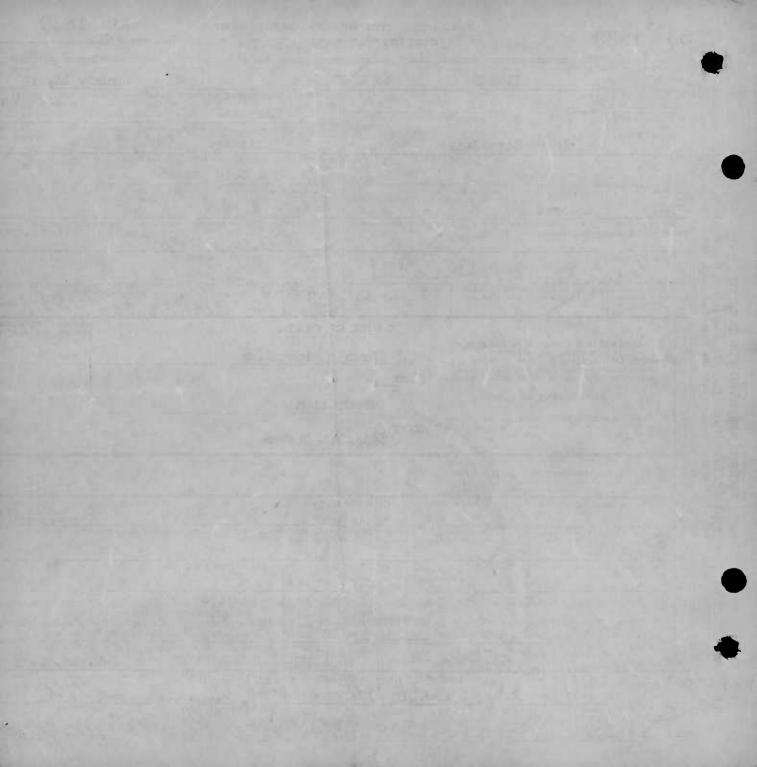
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9	BI	53 1836 BALTIMORE CITY HEALTH DE CERTIFICATE OF D	
77	1.	NAME OF DECEASED TOSEPH KAITZA	15R 2-17-53
supplied.			RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission,
efully su	H	FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITOO	R TOWN (If outside corporate limits, write RURAL and give township
Control Control	-	Yrs. Mos.	ADDRESS (If rural, give location)
	-	Length of stay in Baltimore  SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  8. DATE OF	F BIRTH  9. AGE (In years if Under I Year if Under 24 Hours I last his though Months; Days Hours: Min.
on should be	10	DANGUAL OCCUPATION (Give kind of 10B KIND OF BLISINESS OR 11 BIRTHE	LACE (State or foreign country)   12. CITIZEN OF
(1)	work	k dind during most of working life, even if retired)	WHAT COUNTRY
information s of death cl	13	Noves 840 14. MOTHE	ER'S MAIDEN NAME
of inforuses of d	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yes, give war or dates of service)  2 16. SOCIAL SECURITY NO. 2 16. SOCIAL SECURITY NO.	MANT Klitzper - James
		18. 33/X CAUSE OF DEATH	H INTERVAL BETWEEN ONSET AND DEATH
VED FOR Every item vrite the cal		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, d. g., heart failure, asthenia, etc. It means the disease,	l Hemonhoge I week
2 2	TION	injury or complication which caused death.) DUE TO	alexander about
resel		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO	0101010-3010/19 2
ADING icians:		UNDERLYING CONDITION LAST. (C)	
MAKGIN UNFADING Physicians:	RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
WITH rtant.	AL		YES NO
LY, WITH	MEDIC		Y OCCUR? (If in Baltimore City, give exact location)
ally im	2	OF INJURY WHILE AT NOT WHILE	OW DID INJURY OCCUR?
E.59		22. I hereby certify that I attended the deceased from	1950, to Jes / , 1913 that I last saw th
ITE PL		deceased alive on 152, 19, and that death occurred at 23A. SIGNATURE 23B. ADDRES	m., from the causes and on the date stated above
		Juling ( Stuil, M.D. M.O. 5356	1 1 15 15 15 1 1 1 2 117/5
PLEASE correct age	T10	44/BURIAL, CREMA-248. DATE 24C. NAME OF CEMETERY OR CREM	- Stalto ma
PLE	0.1	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR  OCAL REGISTRAR	Lewis de 2100 Entrul
		VS 150 (490 46	

11 60	
BALTIMORE CITY HEALTH DEPARTMENT 53	
CERTIFICATE OF DEATH Registered I	NO.
1. NAME OF DECEASED MAX HBRAMSON 2. DATE OF OF DEATH 2-	17-53
3. PLACE OF DEATH:  A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived, If A. STATE  B. COUNTY	institution: residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION (If outside corporate finite control of the corporate finite corpor	sy write BURAL and give
Yrs. D. STREET ADDRESS (If rural, give location)	(2112
c. Length of stay in Baltimore 60 Most 3915 Drook /tels  5. SEX   6. COLORGOR RACE   7. SINGLE, MARRIED,   8. DATE OF BIRTH   9. AGE (In years)	f Under 1 Year   If Under 24 Hours
Male White Mercues A last birthday Mo	onths Days Hours Min.
10s/USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY)  Work done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	0139.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17 (NEODMANT - A	DDDTGG
(Yes, no or unknown) (If yes, give wer or dates of service) 2/6-01-57/6A Leva (Veamsow)	Jane
18. 420.1 I CAUSE OF DEATH	INTERVAL BETWEEN
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Coronary Throubous	Judden
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
Z ANTECEDENT CAUSES  (B) Without Cardio Voscular  (B) Dienie	3 years
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?
21a ACCIDENT WAS LINDED 21B. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City,	YES NO
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., in or labout bome, farm, factory, etreet, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, labout bome, farm, factory, etreet, office bldg., etc.)	give exact location;
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT NOT WHILE	
m.   work   AT WORK	30-171-1-1
deceased alive on 2/15, 1953, and that death occurred at Am., from the causes and on t	
23A. SIGNATURE 23B. ADDRESS Colver or	2/17/53
M. D.    24a. BURIAL, CREMA- 24b. DATE  14c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town TION, REMOVAL, (Specify) 1	/ / /
DATE RECEIVED BY REGISTRAR'S SIGNATURE, 125. FUNERAL DIRECTOR	Md.
LOCAL REGISTRAR JOE 2100 6	utaw- PL.
VS 150	

PLEASE correct aga

5 BI	3 18	38	BAI		EALTH DEPARTMENT E OF DEATH	Registered N	3 1838
(T	NAME OF D ype or Print)	del	ra The	rzfeld		2. DATE OF Jeb	16, 1953
3. A.	Baltimore	City, Maryland	613 fa	resc Hoto ave	4. USUAL RESIDENCE (V	Where deceased lived, If B. COUNTY	institution : residence before admission
В.	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hos)		ion, give street address or location)		outside eorporate limit	s, write RURAL and give township
C.	Length of s	stay in Baltimore	50	Yrs. <del>Mos</del> . Days	2300 Wuke	rural, give location)	WICHTTA
1	sex	6. COLOR OR RAC	MIDOM	E. MARRIED. YED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hour nths Days Hours Min
10 worl	A. USUAL OC done during most	CCUPATION (Give kind of working life, even if retire	of 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME	
	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B. Heraloud	-306 Equil	odress Bloke
RTIFICATION	(This does heart failt Injury or DISEASE	SE OR CONDITION LEADING TO DE s not mean the mode are, asthenia, etc. It m complication which ANTECEDENT CAI S OR CONDITIONS. THE ABOVE CAUSE (A) YING CONDITION	ATH of dying, e. geans the diseas caused death JSES  IF ANY, GIVIN ) STATING TH	(A) Chy e, oue to	of DEATH / /	Sentemia	INTERVAL BETWEE ONSET AND OBAT
CERT	TRIBUTING	SIGNIFICANT CON TO THE CEATH, BU DISEASE OR CONCITION	T NOT RELATE	.D			
	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL		DENT WAS UNDER R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i	in or 21c. WHERE DID (Injury occur?	If in Baltimore City, 1	yes No 4
2	21d. TIME OF INJURY	(Month) (Day) (Yes		21E. INJURY OCCURR WHILE AT WORK  AT WORK		Y OCCUR?	
	22. I hereb deceased a	y certify that I o	ttended the 6, 1953.	and that death occur	rred at 445 pm., from t	le 16, 195 he causes and on the	
	23A. SIGNA	Sol &	mith	м. о.	2426 Sufur /	le-	23c. DATE SIGNED
TI	4A. BURIAL, ON, REMOVAL (	Specify) 2/18/	53	Beth	Theloh .	Bally (City, town,	mel
	ATE RECEIVE		R'S SIGNATA	73,0	25. FUNERAL DIRECTOR	- 2100 (	alan PL
1	VS 150			()			

## THE REPORT OF THE PROPERTY OF



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before admission)

If Under I Year

12. CITIZEN OF

WHAT COUNTRY?

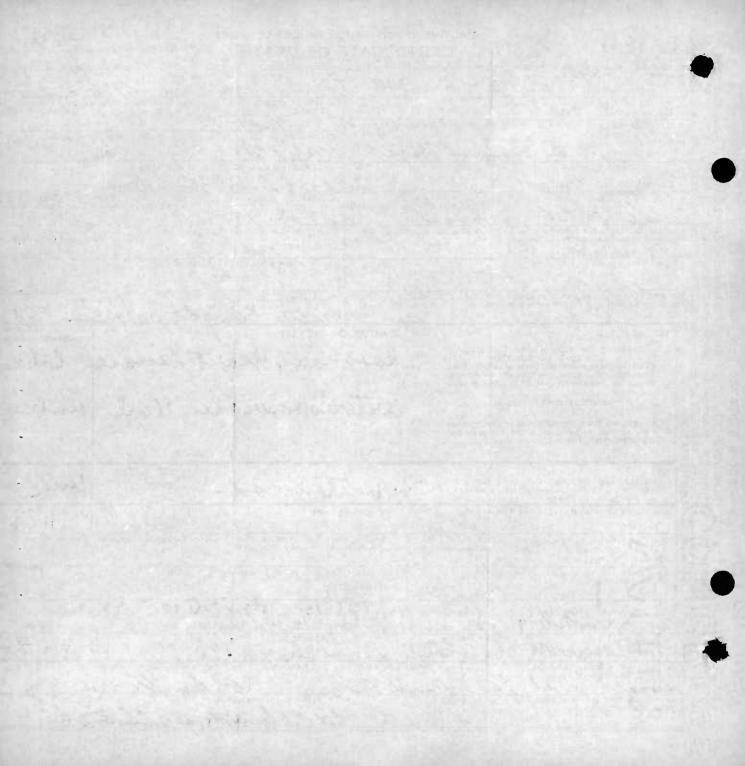
INTERVAL BETWEEN

20. AUTOPS

23c. DATE SIGNED

NO

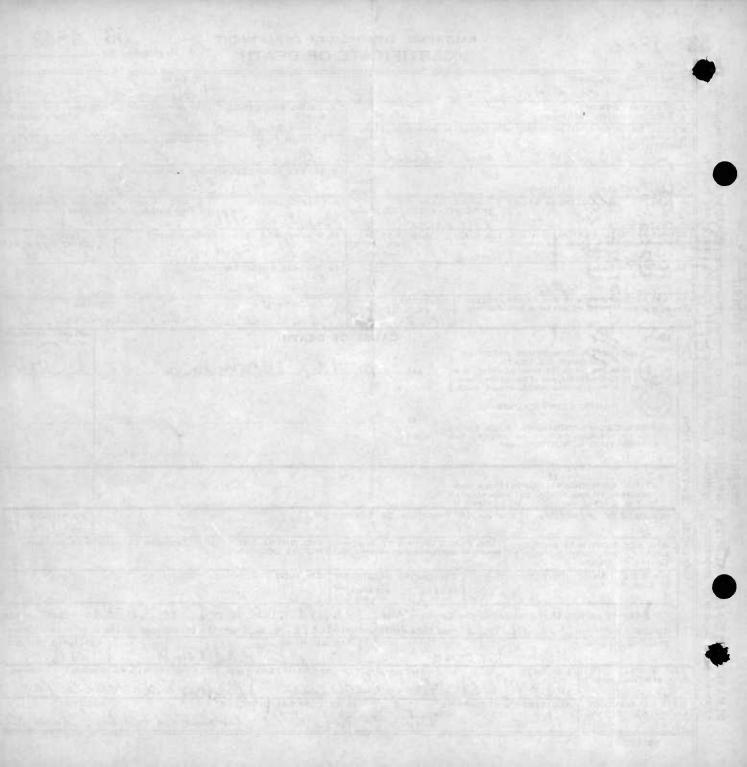
township)



before admission)

INTERNAL BETWEEN

20. AUTOPSY

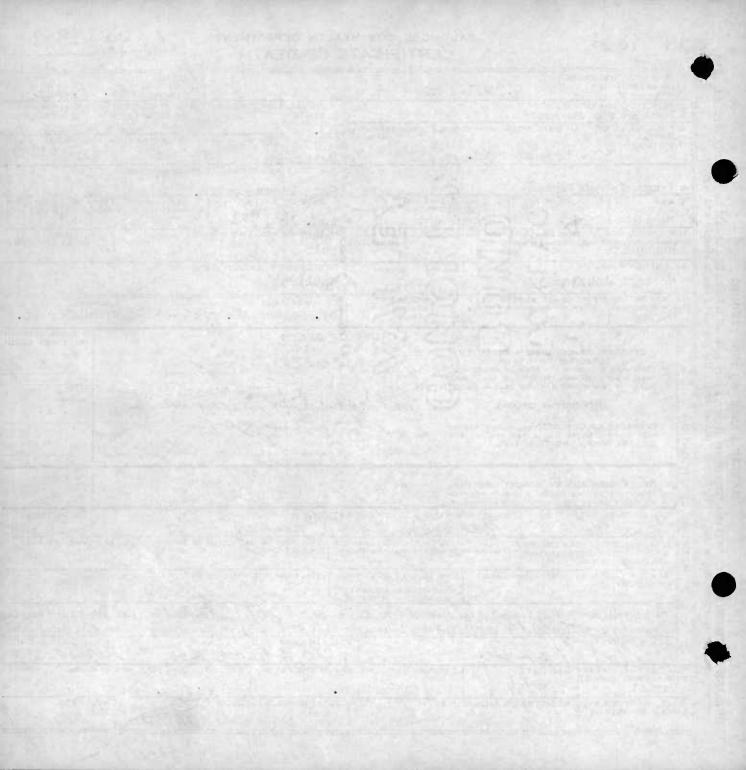


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1	53 1.84
i	BIRTH NO.
	1. NAME OF DE (Type or Print)
1	3. PLACE OF DE A. Baltimore C
	B. FULL NAME OF HOSPITAL OR INSTITUTION
	c. Length of st
	5. SEX
1	female
l	10A. USUAL OCC

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No. 1843

Dittill ite.			
1. NAME OF DECEASED (Type or Print)	G. MARIAN REED		2. DATE OF DEATH Feb. 16, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (	Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hos)	pital or institution, give street address locat		If outside corporate limits, write RURAL and give
INSTITUTION 5008 Broadme	ooreRd.	Baltimore	2 / Lownship)
V-Maria de la compa		rs. D. STREET ADDRESS (I	f rural, give location)
c. Length of stay in Baltimore 5. SEX   6. COLOR OR RAC		8. DATE OF BIRTH	9. AGE (In years   If Unday 1 Year   If Unday 24 Hours
female white	widowed, Divorced (Spe		last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind work done during most of working life, even if retire house WLIE	dof 10B. KIND OF BUSINESS OF INDUS		foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Herbert Johnson		14. MOTHER'S MAIDEN I	NAME
15. WAS DECEASED EVER IN U. S. ARM (Yes, no or nnknown) (If yes, give war or de	AED FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT Mr. Spencer W.	Reed - 5008 Broadmoor Rd.
(This does not mean the mode heart failure, asthenia, etc. It minjury or complication which ANTECEDENT CAN DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE () UNDERLYING CONDITION OF THE ABOVE CAUSE ()	caused death.)  USES  (B)  (B)  LAST.	react formers	etais II
OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU OTHER DISEASE OR CONDITION IN DATE OF OPERATION	T NOT RELATED	PERATION	20, AUTOPSY?
	marlectom R	h- (aucle	YES NO
The state of death	21B. PLACE OF INJURY (e. ebout home, farm, factory, street, office b	g., in or ŽŤC. WHERE DID INJURY OCCUR?	(If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Yes OF INJURY	ar) (Hour) 21E. INJURY OCCU	HILE	RY OCCUR?
22. I hereby certify that I a	attended the deceased from 3, 1953, and that death of	Feb 1,357, to	the causes and on the date stated above.
23A. SIGNATURA	Sly M.D.	140 3 ack	
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 2/18/5	24c. NAME OF CEM Loudon Park		LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRA LOCAL REGISTRAR	R'S SIGNATURE	25 YUMBRAL DIRECTOR	Johnes & Sus
Vs 150	0		Catto 17, Mrd.



21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-

UTING | CAUSE OF DEATH

H

espe ITE

2

age

PLEASE correct ag

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \).

23A. SIQN 24B. DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

about home, farm, factory, etreet, office bldg., etc.)

WHILE AT

WORK

21E. INJURY OCCURRED

NOT WHILE

AT WORK

Druid Ridge Cem.

FUNERAL DIRECTOR

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

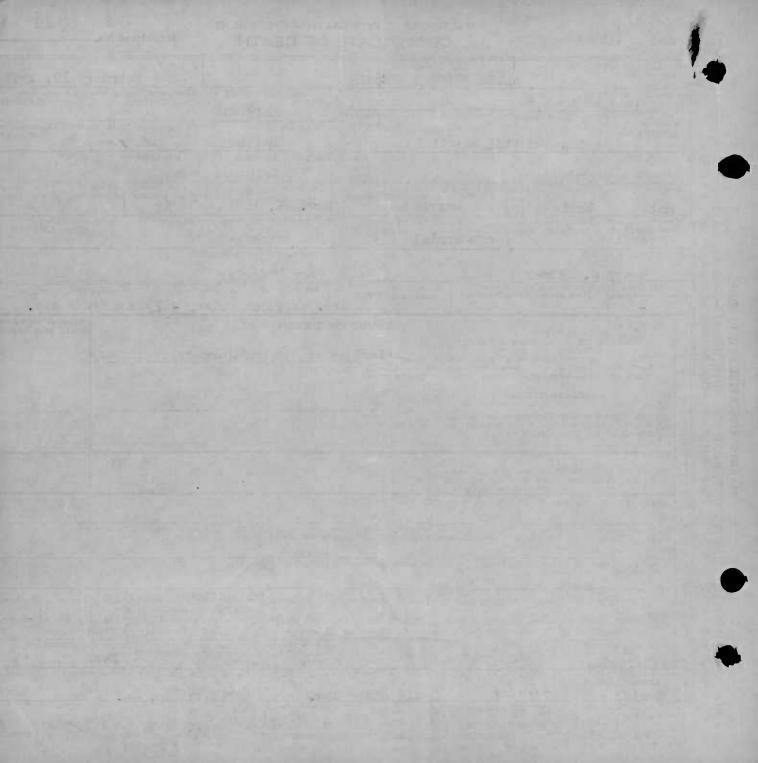
23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR. 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

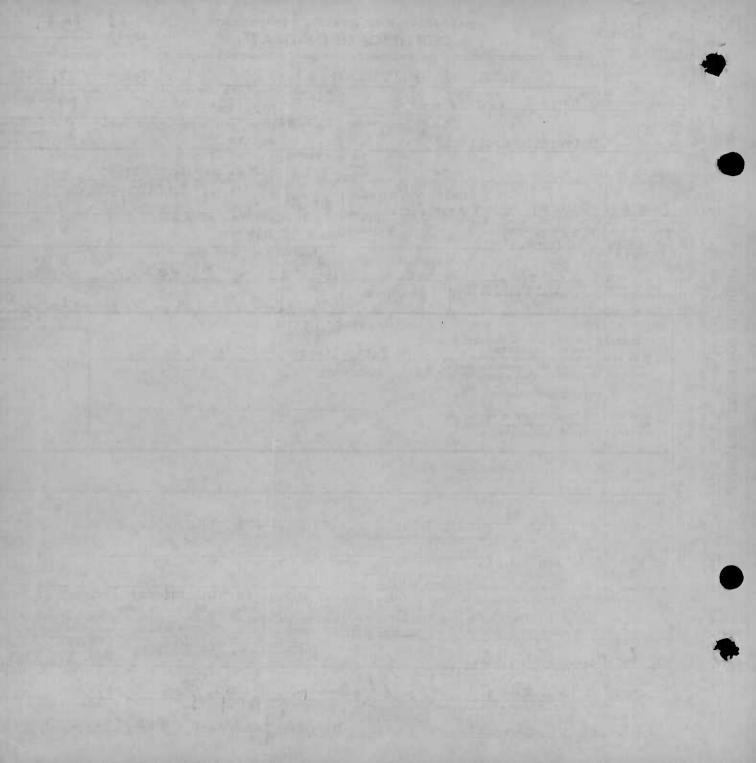
Autopsy, Inspection or Inquiry

Feb. 17. ADDRESS

23c. DATE SIGNED

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## BALTIMORE CITY HEALTH DEPARTMENT

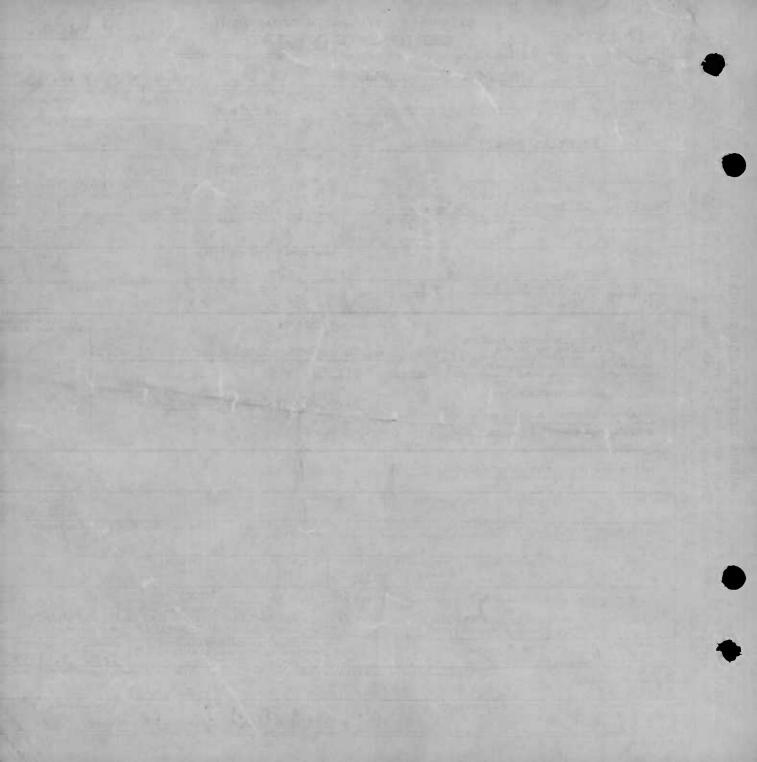
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cgracered 110"		

		CERTIFICATI	E OF DEATH Registered No.	TO 30
	1.	NAME OF DECEASED	l 2. DATE	
		ype or Print) Lee Shiplen Shipm	DEATH Felin	nanul 6.195:
	3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If ins	titution : residence before admission)
	В.	FULL NAME OF (If not in hospital or institution, give street address or location)	md.	
	IN	STITUTION JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, v	township)
1013	-	Yrs.	D. STREET ADDRESS (If rural, give location)	
leg	c.	Length of stay in Baltimore Mos.  Days	1410 %, madisan 5	+
THE	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Um	les I Year   If Under 24 Hours is Days Hours Min.
13	10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	
lear	work	done during most of working life, even if retired) INDUSTRY	Pl. Al. I	2. CITIZEN OF WHAT COUNTRY?
2 11,	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U. J.M.
rear		Unknown	<u>Unknown</u>	/
10	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECURITY NO.	17_INFORMANT ADD	RESS
200		Veteran	JOHNS HOPKINS HOSPITAL	
can	19	0027	OF DEATH	ONSET AND DEATH
רווב		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	onary Tuberculosis	19 1/rs
ire		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	)	
W		ANTECEDENT CAUSES		
ase	z	DISEASES OR CONDITIONS, IF ANY, GIVING		***
bre	E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
2112	2	(C)	· · · · · · · · · · · · · · · · · · ·	
nysicians	RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-		
'nys	CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
4		194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
important.	DICAL	21A, ACCIDENT WAS UNDER:   21B, PLACE OF INJURY (6 g., is	or   21c. WHERE DID (If in Baltimore City, giv.	YES NO
JOEL	ED	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., a		e exact location)
H	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?	
TITA		OF INJURY  WHILE AT WORK AT WORK		
66.12		22. I hereby certify that I attended the deceased from 2-	14 ,1953, to 2-16 ,1953,	that I last saw the
esp		deceased alive on 2-16, 19 53 and that death occur	red at 550 km., from the causes and on the	date stated above.
2		Designature Sharands M.D.	38. ADDRESS HOPKINS HOSPITAL	23c. DATE SIGNED
age e	24	A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE		county) (State)
no	110	Bunal 2-20-53 Balto. Nat	tional Balto. Ma	
OFF		ATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS
2		FRIDEN TT. TOTAL B. IS. J. A. A. S.	Phose Mi Gray X02 Ma	disan Aug

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Edum supplied DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 062 Days should be 5. SEX 6. COLOR OR RACE MARRIED 9. AGE (In years | 11 Under 1 Year | 15 Under 24 Hours | Months Days | Hours Min. 7. SINGLE. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) aua 29 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY information s orter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. causes Druce INTERVAL BETWEEN item 18. AUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. CA (C) ... RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED Ш  $\overline{0}$ TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY VES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE [ AT WORK WORK 15, 1953 that I last saw the 1953 to_ 22. I hereby certify that A attended the deceased from 1953, and that death occurred at 7 P. m., from the causes and on the date stated above. deceased alive on ...... 23A. SIGNATURE 238, ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TLON, REMOVAL (Specify) 24L NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B. DATE PLEASE ADDRESS DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) NORMA MORAN DEATH February 16. supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland before admission) Maryland 'if not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION carefully Franklin Square Hospital Baltimore legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1012 Hollins Street c. Length of stay in Baltimore Davs 5. SEX 6 COLOR OF RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year and WIDOWED DIVORCED (Specify) last birthday) | Months Days | Hours | Min. Female White plnods 10A. USUAL OCCUPATION (Give kied of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY clearl WHAT COUNTRY 6821 information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no nr nnknown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT ADDRESS (Yee, no nr nnknown) SECURITY NO uses of 330× INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH y item the cau FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Ruptured congenital aneurysm of circle (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, RESERVED ownex of Willis injury or complication which caused death.) ANTECEDENT CAUSES Massive subarachnoid hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CATI UNDERLYING CONDITION LAST. UNFADING Physicians: p MARGIN OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING T CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT especially WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry TLE the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> X, accident  $\Box$ , suicide  $\Box$ , homicide  $\Box$ , undetermined  $\Box$ . 12 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED 98 ASSISTANT MEDICAL EXAMINER Feb. MEDICAL INVESTIGATOR PLEASE 24A. BURIAL. CREMA-24D. LOCATION (City, town, or county) 248. DATE 24C, NAME OF CEMETERY OR CREMATORY correct TION REMOVAL (Specify Jurian DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR V S 151



1						53	1849
	50	3 1.84	9		E OF DEATH	Registered N	
H P	-	RTH NO.					
ully supplied.	(T)	NAME OF D		1 211. 4 = 1. 1		2. DATE OF />	C-1 11C2
	3.	PLACE OF D	Langmea	d, Albert Edward	.   4. USUAL RESIDENCE (V	DEATH //	institution: residence
	A.	Baltimore (	City, Maryland		A. STATE	B. COUNTY	before admission)
	HC	FULL NAME OSPITAL OR	OF (If not in hospit	al or institution, give street address or location)		outside corporate limit	s, write RURAL and give
ully.	IN	STITUTION	in Mammi	of Hospital.	Baltimore	and one	( township)
can legibly.				Yrs.		rural, give location)	f
s cs leg	c.	Length of s	tay in Baltimore	Mos. Days	3008 Ellers	lie Ave.	
l be	5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year   H Under 24 Hours nths; Days   Hours   Min.
ould y a		111.	W	Married.	13 Dec 1893	59.	
shc			CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
on		ndexty	Union Mon Hos	. Hospital	New York	State.	USA.
r nati ath	13	FATHER'S	NAME	9		AME	1/
orm dea	15	WAS DECEASE	DE EVER IN U. S. ARMEI	angmrad	Ellen /	ane	V
BINDING of information should be uses of death clearly and l	(Yes	, no or unknown)	(If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	. 1 01 13	DDRESS
R BIN em of i		10			Knigu Memora	ax Mospel	INTERVAL BETWEEN
item item		18. 443	x and 2		OF DEATH		ONSET AND DEATH
FOR y item			SE OR CONDITION LEADING TO DEA	TH D.	reumonia		
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275	CA	UNDERL	YING CONDITION LA	AST.			
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MARGIN UNFADING Physicians:	ERT		SIGNIFICANT COND		1.1. M-11:1.		
T Sa	Ü	TO THE E	SEASE OR CONDITION	CAUSING IT.	betes Mellitus		20, AUTOPSY2
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	Σ	21p. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJUR	Y OCCUR?	
PLA ecially		OF INSURT		m. WHILE AT NOT WHILE			
PL ecia		22. I hereb	y certify that I att	ended the deceased from/	6 Feb , 1953, to	17 Feb , 19 5	Ithat I last saw the
ITE s		deceased a		_, 1953, and that death occu		the causes and on the	
IS IS		23A. SIGNA	60 h		23B. ADDRESS	. 11-	23c. DATE SIGNED
2 gg	24		GREMA 248 DATE	Park. NAME OF CEMETE	ERY OR CREMATORY   24D. L	OCATION (City, town,	or county) (State)
	TH	AA. BURIAL	Specify) 2/20/	53 Bult		Balto. M.	1.
PLEAS	D	ATE RECEIVE	D BY   REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
P	Lo	CAL REGIST	TRAR	25 5 5 C	Man Cook Inc.	1217 St. Fe	and st
	-	VS 150		0			
	H			130	17		

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53 185
BIRTH NO.
1. NAME OF DE (Type or Print)
3. PLACE OF DE A. Baltimore Ci
B. FULL NAME OF HOSPITAL OR INSTITUTION
c. Length of sta

# BALTIMORE CITY HEALTH DEPARTMENT

53 1850

ADDRESS

1217 St. Paul Street

	IRTH NO.	30		CER	TIFICAT	E OF DEAT	H	Regist	tered No	)
1.	NAME OF D	ECEASED	IRVIN	IA M.	IRELAND			2. DATE OF DEATH	Febr	uary 16, 19
Α.		EATH: City, Maryland OF (If not in hospit	al an institut	ian aius	4 11	A. STATE	ENCE (W		lived. If in	stitution: residence before admission
H	OSPITAL OR	5713 Belair		ion, give	location	1	i (lf c	outside corpora	atolimits,	write RURAL and give township
		tay in Baltimore			Yrs. Mos. Days	5713 Bela:			tion)	
	sex female	6.COLOR OR RACE	7. SINGL WIDOV	E. MARE	RIED. PORCED (Specify	July 27, 18		9. AGE (ln y	rears If U	nder 1 Year ths: Days Hours Min
WOT	A. USUAL OC doneduring most Housewif B. FATHER'S N		0.5	home	JSINESS OR INDUSTR	Yankton, So	outh D	akota	11	2. CITIZEN OF WHAT COUNTRY
		William Dive	n			Mary C.	IIDEN NA	IAI E		
15 (Ye	o. WAS DECEASE e, no ur unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s uf service)		OCIAL ECURITY NO.	Mrs. W. T.	Fulfor	d, 903 I	F Stre	et, Point
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	E OR CONDITION LEADING TO DEA 3 not mean the mode of tre, asthenia, etc. It mes complication which ANTECEDENT CAUS S OR CONDITIONS, 17 THE ABDVE CAUSE (A) YING CONDITION LA	TH of dying, e. ans the disease caused deatl SES IF ANY. GIVII STATING TAST.	NG HE DU	(C)	ronay Or tennilum Musesten	solue mi (	en EVlus	lena'	ONSET AND DEAT
L	TRIBUTING TO THE D	TO THE DEATH, BUT	NDT RELAT	ED IT	NGS OF OPE	RATION				20. AUTOPSY?
MEDICAL	21D. TIME OF INJURY		about home, (Hour) m.	21E. IN. WHILE AT WORK	at death occu	RED 21F. HOW DO	INJURY  Lto  Lto  Lto  Lto	OCCUR?	<u>, 19<b>5</b> ع</u>	that I last saw the date stated above
2 TI	4A. BIRIAL, CON REMOVAL (S	REMA- 248 DATE (pecify) 2/19/53			M.D. I	ERY OR CREMATORY Cemetery	24D/10 Balti		ty, town, o	rcounty) (State, Maryland

FUNERAL DIRECTOR

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF supplied DEATH 4. UNIAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OF INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be early and l 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 8. DATE 9. AGE (In years) It Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. IOA. USUAL OCCUPATION (Givekind of 108 KIND OPUBUSINESS OR II. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY information ç death 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or does of service) 16. SOCIAL of ADDRESS (Yes, no or unknown) SECURITY NO. causes jo Every item 18. 450.0 INTERVAL BETWEE CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., In or ۵ LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from Filey Lely 3, 1953 to Fele 17, 1953, that I last saw the deceased alive on 2017, 1953, and that death occurred at 30, m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED monau 24A. BURIAL, CREMA-24 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION DEMOVAL (Specify) ADORESS DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

before admission)

WHAT COUNTRY

20. AUTOPSY

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township)

Jalikal Carlie 11 2 4 New Property marthe Jack herry Truscal Seeps Tethings the comme

(If in Baltimore City, give exact location) 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS

1853

before admission)

12, CITIZEN OF

WHAT COUNTRY

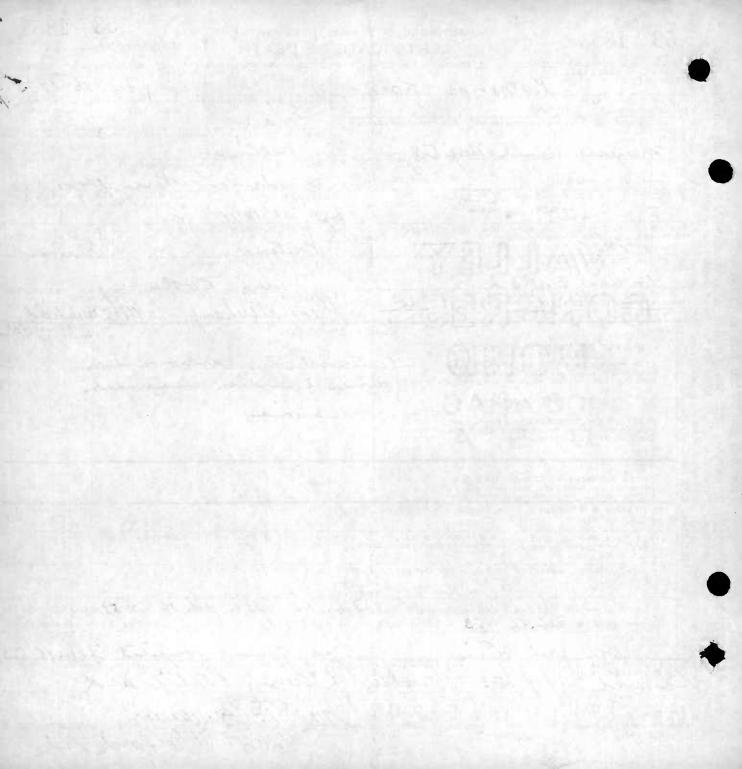
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ONSET AND DEAT

20. AUTOPS

DATE RECEIVED BY

REGISTRAR'S SIGNATURE



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write

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UNFADING Physicians:

PLEASE correct ag

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

(Type or Print) MRS. HNNA BILLAZZO 4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or

location)

Yrs.

Dave 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Shecify)

narie 10A. USUAL OCCUPATION (Give kind of ) 10B. KIND OF BUSINESS OR

work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.

16. SOCIAL

CAUSE OF

DEATH

B. COUNTY before admission) (If outside or porate limits, write RURAL and give C. CITY OR TOWN

2. DATE

OF

DEATH

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF

INFORMANI

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

DUE TO

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

20.

(If in Baltimore City, give exact location)

AUTOPSY

INTERVAL BETWEEN

ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OFERATION 19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

OF INJURY WHILE AT NOT WHILE AT WORK WORK

and that death occurred at

22. I hereby certify that I attended the deceased from

1922

deceased alive on 2 23A. SIGNATURE

24A. BURIAL, CREMA-24B. DATE

TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE

238. ADDRESS ME OF CEMETERY OR CREMATORY 24D.

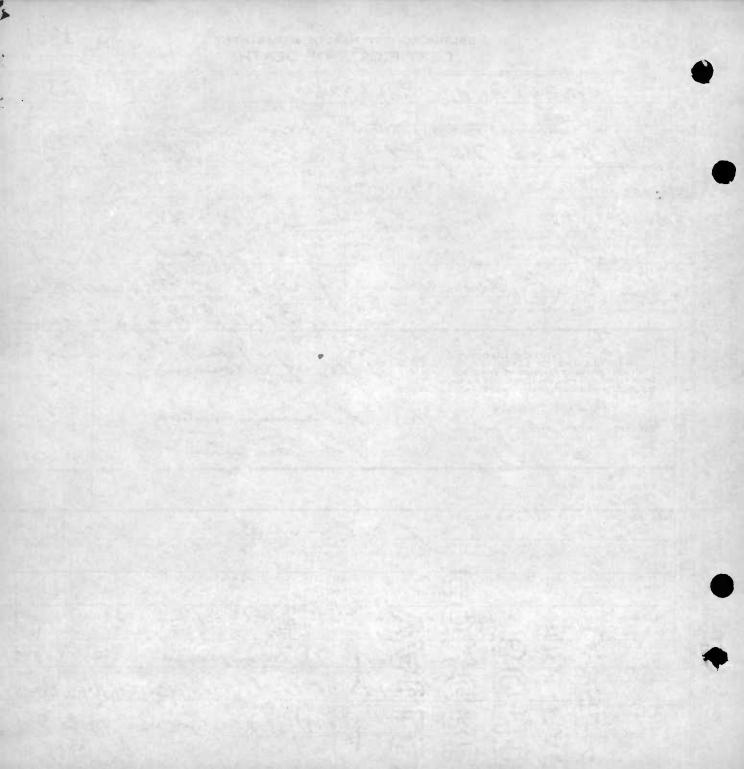
m., from the causes and on the date stated above. 23C. DATE SIGNED

I that I last saw the

ON (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

VS 150



TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

(Month) (Day) (Year) (Hour)

19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., io or 21A. EXTERNAL_CAUSE WAS

Baltimore City, give exact location)

21E. INJURY OCCURRED

about home, farm, factory, street, office bldg., etc.) STREET.

24 HOW DID

Oction I Olymputhercon and from

OF INJURY

22. I certify that I took charge of the remains described above, held an

REGISTRAR'S SIGNATURE

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes  $\square$ , accident  $\mathbb{A}$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ .

23A. SIGNATURE

UNDERLYING W OR CONTRIB-UTING | CAUSE OF DEATH.

21D. TIME

DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA-24B. DATE

TION, REMOVAL (Specify)

VLY, WITH important.

especially

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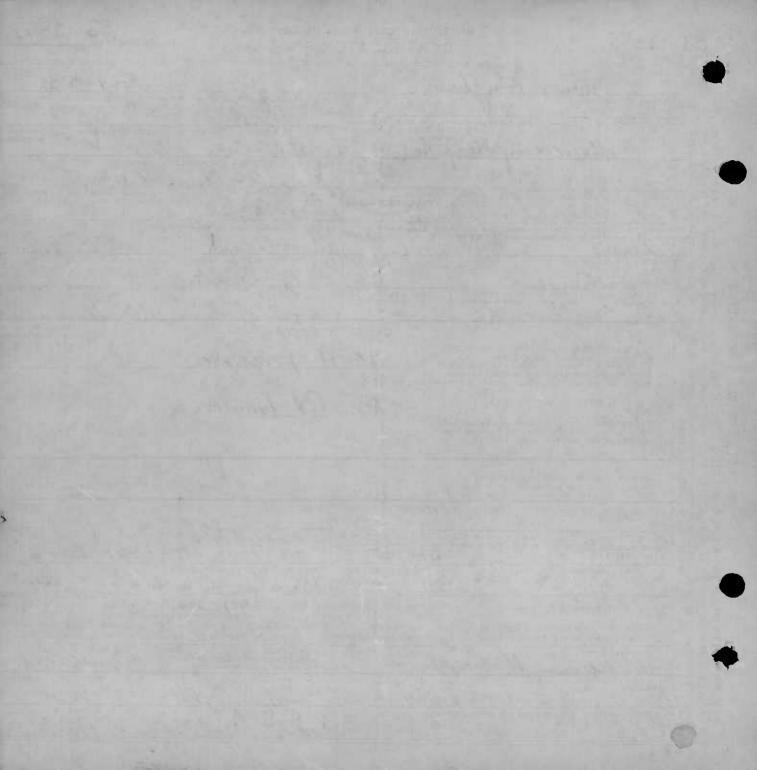
MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER 24D. LOCATION (City, town, or county)

Autopsy, Inspection or Inquiry

(State)

20. AUTOPSY



especially TE

1830AshlandAve. NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) AT WORE 24. I hereby certify that I attended the decenced from , that I last saw the A., from the causes and on the date stated above. decased alive on. NADDRESS 23A SIGNATURE 23c. DATE SIGNED , M. D 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CE 24D. LOCATION (City, town, or county) DUYIZI DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1857

d.	1. NAME OF DECEASED (Type or Print) GERTRUDE KAIZABETH	HOHEMBERGER DATE 2/18/53
supplied	3. PLACE OF DEATH:  A. Baltimore City, Maryland BALTIMORE	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
sn	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)	
· Illy	INSTITUTION 2401 ARINGTON Ave.	C. CITY OR TOWN (If outside corporate limits, write RURAL mind give township)
pla	A TOI MEINGION FOE.	D. STREET ADDRESS (If rural, give location)
e c. legibl	c. Length of stay in Baltimore Mos.	2401 ARLINGTON HUE.
of p	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year if Under 24 Hours last birthday) Months; Days Hours; Min.
	remale while single	Dec. 30-1866 86
on shou clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ion clo	HMERICAN TILE ITUST CO	BALTIMORE Md.
information s of death cle	Toba Co Habenberger	14. MOTHER'S MAIDEN NAME
for f d	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS 2821
f in	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mr. C Tolling Hohenherner Healock
y item of in	18. 420.0 CAUSE	OF DEATH INTERVAL BETWEEN
iten e c	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
th	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	RIOBLEROTIC MEART DISEAS 1946
Every write th	injury or complication which caused death.) DUE TO	
-	ANTECEDENT CAUSES	
INK. please	O DISEASES OR CONDITIONS, IF ANY, GIVING	
G.	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ADING icians:	(C)	
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON-	
Phy	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
WITH rtant.	21a. ACCIDENT WAS UNDER.   21b. PLACE OF INJURY (6. 8.,1	in or 21c. WHERE DID (If in Baltimore City, give exact location)
Y, WITI	LYING OR CONTRIBUTING   ebout home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
E E	Z 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURR OF INJURY	ED 21F, HOW DID INJURY OCCUR?
ally	m. WHILE AT NOT WHILE AT WORK AT WORK	
PLA pecial]	22. I hereby certify that I attended the deceased from	948 19 , to 2/18/53, 19 , that I last saw the
ITE esp	deceased alive on 17/53, 19 and that death occur	
Si	23A, SIGNATURE	23B. ADDRESS for for all 21.863
E age	24A. BURIAL, CREMA- 24B. DATE 10N, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
70 .	Rurial 221/53 Western	CEM Balto Md
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Ho	P. B. S. S. S. C.	TVI Muckey \$305 Maylord Rd

W	540 3 1858
he	BIRTH NO.
H	1 NAME OF DE

MARGIN RESERVED FOR BINDING

### BALTIMORE CITY HEALTH DEPARTMENT

Registered 30 1858

BIRTH NO.		CERTIFICA	TIE OF DEATH	2008.00164	2,0
1. NAME OF I	DECEASED			2. DATE	
(Type or Print)		GUSTAVE C.	WEINEL	DEATH Feb	. 16, 1953
3. PLACE OF I	City, Maryland		4. USUAL RESIDENCE	CE (Where deceased lived, I	f institution : residence before admission)
B. FULL NAME		al or institution, give street addre		and B. COOKIT	before admission)
HOSPITAL OR location)			c. CITY OR TOWN	(If outside corporate im	s, write RUR. L and give
( = )	3825 Yo	lando Road	Balti	more -	township)
				(If rural, give location)	
c. Length of	stay in Baltimore		los. 3825 Yol	lando Road	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (SI	8. DATE OF BIRTH		if Under 1 Year   If Under 24 Hours ontlis: Days Hours; Min.
male	white	married	July 14, 19	905 47 A	onths Days Hours Min.
IOA. USUAL O	CUPATION (Give kind of	108. KIND OF BUSINESS O	R 11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF
Clerk	of working life, even if retired)	R. R.	Baltimore,	Maryland	WHAT COUNTRY
13. FATHER'S			14. MOTHER'S MAIDE		1
Gottlie	b Weinel		Henrietta	Hagen	
15. WAS DECEAS	ED EVER IN U. S. ARME	FORCES?   16. SOCIAL	17. INFORMANT		ADDRESS
les, no or unknown	(If yes, give war or date	s of service) SECURITY N	O.		
1.0 ./				A. Weinel,3	INTERVAL BETWEEN
18. 42	SE OR CONDITION		SE OF DEATH		DNSET AND DEATH
UNDERL	ANTECEDENT CAUS S OR CONDITIONS, I THE ABDVE CAUSE (A) YING CONDITION LA	(B) F ANY, GIVING STATING THE DUE TD			
TRIBUTIN	II SIGNIFICANT CONDI G TO THE DEATH, BUT ISEASE DR CONDITION	NDT RELATED CAUSING IT.			
19A. DATE	OF OPERATION	9B. MAJOR FINDINGS OF	PERATION		20. AUTOPSY?
21A. ACCII	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF INJURY (about home, farm, factory, street, office	e. g., in or 21C. WHERE DID bldg.,etc.) INJURY OCCUR?	(If in Baltimore City,	yes No
CAUSE OF DEATH  2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRED 2 1F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK					
22. I here	y certify that I at	tended the deceased from_	Feb. 15, 1953 t	o Feb. 16, 195	I, that I last saw th
deccased of	11 11 1	, 1953, and that death of			the date stated above
23A. SIGNA	Lloyd?	Saulor M.D	3902 Gre	enmount au.	Tel. (1/53
24A. BURIAL, TION, REMOVAL (	CREMA- 24B. DATE Specify)		Charles of a family of the con-	4D. LOCATION (City, town	
Buria.	2/	/53   Oaklawn			Maryland
DATE RECEIV		S SIGNATURE	28 FUNERAL DIRECTION OF THE PROPERTY OF THE PR		Harford Roa

Greenmount Ave. 2069 Dr. Saylor

06 9

FO	10	BALTIMORE CITY HE		53 1859
The		CERTIFICATI	E OF DEATH	Registered No.
fully supplied.		Type or Print) HENCY Fey	2. DA O DE	
	A.	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where dec	eased lived. If institution: residence COUNTY before admission
	H	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	c. CITY OR TOWN (If outside	orporate limits, write RURAL and giv
		Luther AN Hospital	D. STREET ADDRESS (If rural, gir	Ben H township
e carlul legibly.	L.	Length of stay in Baltimore Life Mos. Days	F- Cara	wise Ro
NDING information should be of death clearly and l	1	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  MATTICA		E (In years       Under   Year       Under 24 Hours   birthday)   Months   Days   Hours   Min
n she	worl	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY)  A COMPANY OF BUSINESS OR INDUSTRY  WHICH MAN	11. BIRTHPLACE (State of foreign co	untry) 12. CITIZEN OF WHAT COUNTRY
ratio ath	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
forn f de	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	I7. INFORMANT	ADDRESS
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Rem			OF DEATH	INTERVAL BETWÉE ONSET AND DEAT
t A		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	aved Myocar	dial Infaction
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
RESERVED INK. Ever please write	z	ANTECEDENT CAUSES	us pericardi	un
G IN	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
GIN	FIC/	5 Bro	veho pleural	Fistula
MARGIN F UNFADING Physicians: p	ERTI	OTHER SIGNIFICANT CONDITIONS CON-		
	C	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
WITH rtant.	CAL	1-21-53 Vicumentia	Chiprice digan	timore City give exact location)
LY, WITH	MED	HOMICIDE (Specify) about home, farm, factory, street, office bldg., e		white only give exact location,
	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCU	R?
TE PL		22. I hereby certify that I attended the deceased from	- 1 × 1052+02-1>-	, 19, that I last saw th
TE		deceased alive on 2-/2 19 33 and that death occur	red at 130 Pm., from the caus	es and on the date stated above
is is		Darales L Daly M.D.	SB. ADDRESS	Intal 2-17-53
SE t ag	710	4A. BURIAL, CREMA- 24B. DATE 14C. NAME OF CEMETE		N (City, town, or county) (State)
PLEASE correct ag		BURIAL FOR 31,1953 MUNDOW RIDG ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
P	L	EB 181953 Thurster grub , 3 mans 19	Geo 8 J 5 G D - E 46	OI RICHIE HOLY
		VS 150	92	

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RESERVED

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED 2. DATE LOTTIE HEDRICK DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or location (If outside corporate limits white MURAL and give INSTITUTION Alain Mummal Moultimus C D. STREET ADDRESS (If rural, give ocation) Yrc. Mos. c. Length of stay in Baltimore Ave. Davs 6. COLOR OR RACE 9. AGE (In years If Under 1 Year last birthday) Months Days 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) widewell information shoul BIRTHPLACE (State or foreign country) MOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTR nunc Many Land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME arak 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL ADDRESS (Yes, no or unknown) (If yes, give w SECURITY NO INTERVAL BETWEEN 120,0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. OR ASST. MEDICAL FXAMI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJQR FINDINGS OF

19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

(c. g., in Fr 218 PLACE OF INJURY about bome, farm, factory, street, office bldg., etc.)

unor oul

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

& chi dent 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

hom o 21E. INJURY OCCURRED NOT WHILE

21F. HOW DID INJURY OCCUR? pel.

22. I hereby certify that I attended the deceased from Jan. deceased alive on Heb. 17 23A. SIGNATURE

24B. DATE

, 19 St, and that death occurred at &

17. . 19 13. to_ m., from the causes and on the date stated above.

Munnial

___ 19 13 that I last saw the 23c. DATE SIGNED

TION-REMOVAL (Specify

DATE RECEIVED BY LOCAL REGISTRAR

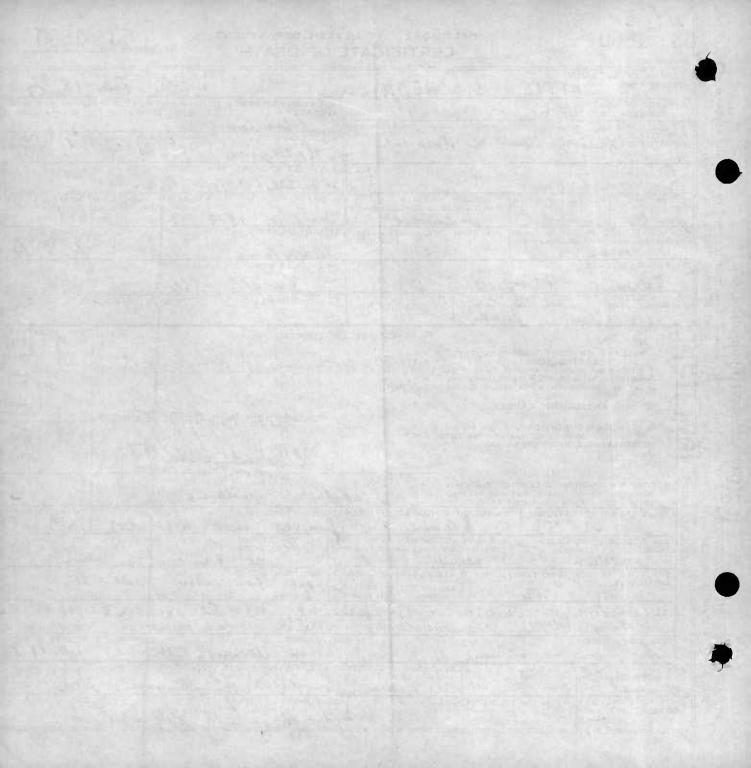
REGISTRAR'S SIGNATURE

werks or

Z4C NAME OF CEMETERY

25: FUNERAL

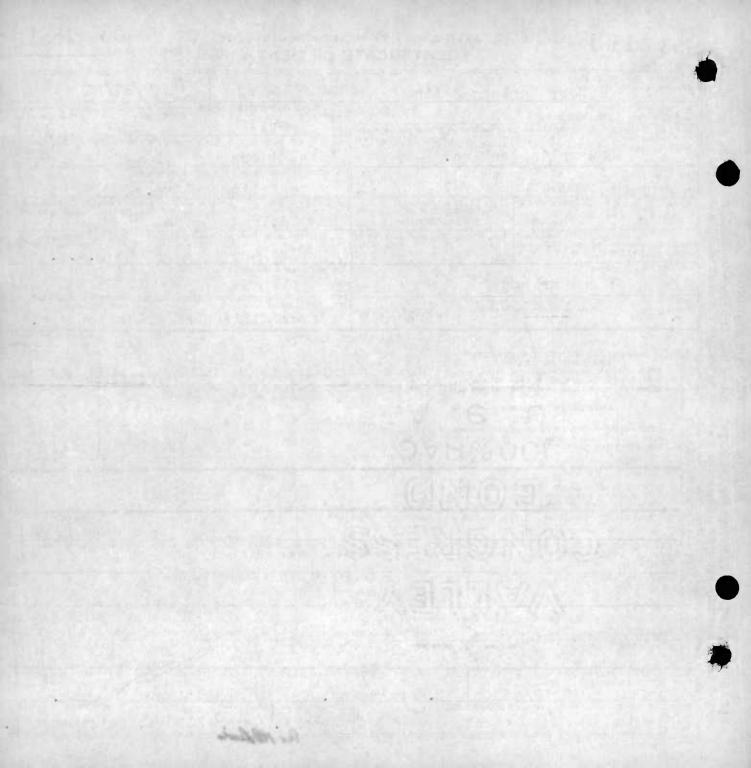
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He H	53/1861 BIRTH NO.
ied.	1. NAME OF DECEAS (Type or Print)
ž I	3. PLACE OF DEATH

53 1861 Registered No._

H	-					
d.		NAME OF DECEASED  ype or Print)  Mary Furlong	Ellis		OF 2/17	/53
supplied	3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (	Where deceased lived, If B. COUNTY	institution: residence before admission)
	В.	FULL NAME OF (If not in hospital or institut	ion, give street address or location)			10
ally		ISTITUTION			f outside eor; of ite limit	s write RUMEL and give township)
la l	-	522 Arlington Av		Baltimere	61	
ldrgs	1	Towards of otom in Dolling	Yrs. Mos.	D. STREET ADDRESS (1		
oe d		Length of stay in Baltimore ?  SEX   6.COLOR OR RACE   7. SINGLE	Days Days	522 Arling	9. AGE (In years)	Under 1 Year   It Under 24 Hours
should be	F	emale White Widow	ZED, DIVORCED (Specify)	May 23,1869	last birthday) Mo	nths Days Hours Min.
on shou	10	A. USUAL OCCUPATION (Give kind of 10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
cle		done during most of working life, even if retired) HOUSOWII 6  OW	n	Ireland		U.S.A.
th	13	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
rm		? Furleng	A Maria Line	? ?		
of	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (1f yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	Al	DDRESS
of information uses of death cl	(20	TIO and one one on the set Ales)	none no.	James Ellis	522 Arlin	
		18. 422.1	CAUSE	OF DEATH		INTERVAL BETWEEN
it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a. T.	· 202 2- P	1.11 1	
7		(This does not mean the mode of dying, e. a heart failure, asthenia, etc. It means the diseas	5., (A)	is soles for Caro	les Vascula,	Same 10 Lys
Ever		injury or complication which caused death	DUE TO	la de a leon	lea	2000
		ANTECEDENT CAUSES	004	5 They me	Je	p
INK. please	Z	DISEASES OR CONDITIONS, IF ANY, GIVIN	(B)	Mercia	***************************************	1 day
ple	Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.	E DUE TO			
UNFADING Physicians:	CATION	UNDERCHING CONDITION LAST.	(C)	***************************************	***************************************	
UNFADING Physicians:	IFI	11				
JE A	ERTI	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE				
PH.	CE	TO THE DISEASE OR CONDITION CAUSING 1	Τ			
H .:	7	19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
WITH tant.	CA	21a. ACCIDENT WAS UNDER- 21B. PL/	ACE OF INJURY (e. g., in	or   21c. WHERE DID	If in Baltimore City, g	YES NO
Y, WITH	MEDI	LYING OR CONTRIBUTING about home,	farm, factory, street, office bldg., e	INJURY OCCUR?	in Baltimore Olty, g	ive exact location)
	2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	2 IE. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
FE PLA especially		m.	WHILE AT NOT WHILE			
PI		22. I hereby certify that I attended the	deceased from	9 50,19, to	tsb 17 195.	that I last saw the
TE		deceased alive on Peter 17, 19 53,	and that death occur	red at 5 4 m., from		ie date stated above.
2		23A. SIGNATURE	2	3B. ADDRESS	2 011	23C. DATE SIGNED
age	24			RY OR CREMATORY 24D. I	OCATION (City, toyn,	or county) (State)
AS	TIC	Burial 2/19/53	St.Mary's C	0.79	Baltimore	MA
PLEASE correct a		ATE RECEIVED BY   REGISTRAR'S SIGNATU		25, FUNERAL DIRECTOR		ADDRESS
E CO	F	FR 8 943	My Sturing My		12 m	altimore St.
	=	VS 150		Ver NE Lewe		



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5		
	1. NAME OF DECEASED (Type or Print)	2. DATE 16. Tel 1933
ied.	Delie mitchell	DEATH 6 a. m.
supplied	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE  B. COUNTY  before admission)
su]	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	
lly	INSTITUTION IOCATION)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
oly.	Ittle disting 1 has	Dallework
legin	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINCLE MARRIED.	1 8. DATE OF BIRTH 9. AGE (In years) it Under I Year   If Under 24 Hours
ldan	WIDOWED, DIVORCED (Specify)	hand 1 t & 9 last birthday) Months Days Hours Min.
should arly an	10A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
clearly	work done during most of working life, even if retired) INDUSTRY	
tion th	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
information s of death cle	mikel y amoni	Ellen Laster
of	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
of il	SECORITI NO.	I the disting of To
	18. 422.   CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
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th	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	what projections fig.
Every write tl	injury or complication which caused death.) DUE TO	0/10.
2	ANTECEDENT CAUSES	Cino Novoi Mis 15 111
INK. please	Z DISEASES OR CONDITIONS, IF ANY, GIVING	000 December 17 918
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DINC lans:	(c)	
UNFADING Physicians:		
VE!	OTHER SIGNIFICANT CONDITIONS CON-	
Ph	TO THE DISEASE OR CONDITION CAUSING IT.	
t.H	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	
VI	21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e. g., i	in or 21c. WHERE DID (If in Baltimore City, give exact location)
Y, WITH	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
Sil	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ZED 21F. HOW DID INJURY OCCUR?
A	OF INJURY  WHILE AT NOT WHILE  M. WORK AT WORK	
PLA ecially		20 2- , 1953, to 726 18, 1953 that I last saw the
TE	I here of certify that I attended the accessed from	rred at 6 A m., from the causes and on the date stated above.
ET e		23B. ADDRESS 246 23C. DATE SIGNED
2.0	& Gill Hall M.D.	1631 ENaul au Tre6 18-53
SE t	24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
40	Queial Jur. 20 St Seler	
PLE,	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR . ADDRESS
40	FFR 1 81043 - 7	De a la secreta 4006 / Sed di

3 1863 Registered No

BIRTH NO

			DECEAS	ED
(Type	or F	rint)	)	

Joseph Brodford Kerr

2. DATE DEATH Feb. 14, 1953

(If outside corporate mits, write RURAL and give

3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF INSTITUTION

(If not in hospital or institution, give street address or Baltimore City Hospitals 4940 Eastern Ave.

Maryland C. CITY OR TOWN Baltimore

D. STREET ADDRESS (If rural, give location)

4. USUAL RESIDENCE (Where deceased lived, If institution : residence

B. COUNTY

c. Length of stay in Baltimore 5. SEX

information should be to death clearly and legibly.

causes

UNFADING Physicians: p

LY, WITH important.

84 yrs. 6. COLOR OR RACE

Days 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) athele 10B. KIND OF BUSINESS OR

Balto. City Hospital, 4940 Eastern Ave. 9. AGE (In years of Under 1 Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH Jan. 31, 1868

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

11. BIRTHPLACE (State or foreign country) INDUSTRY Maryland

Yrs.

12. CITIZEN OF WHAT COUNTRY?

before admission)

township)

13. FATHER'S NAME

Thomas M. Kerr (dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown)

16, SOCIAL SECURITY NO.

Records: 4940 Eastern Ave. Records:

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of Rectum c Metastasis

14. MOTHER'S MAIDEN NAME

ONSET AND DEATH l yr.

INTERVAL BETWEEN

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED

2-14

DUE TO

Generalized Arteriosclerosis

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum

	20. AUTOPSY
	YES NO

21a. ACCIDENT WAS UNDER

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

(If in Baltimore City, give exact location)

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

NOT WHILE AT WORK

1951 to

deceased alive on.

22. I hereby certify that I attended the deceased from

19.53 that I last saw the and that death occurred at 8:15p m., from the causes and on the date stated above.

23A, SIGNATURE

4940 Eastern Ave. Balto; Md. 24c. NAME OF CEMETERY OR

24D. LOCATION (City town, or county)

24A. BURIAL, CREMA-TION REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

FUNERAL DIRECTO

THE LOW LAND The state of the s . o . 6 ] argent of transport A lateral telephone and the second of * Called 1 200 1986 in the record (NOL) and The substitute of the substitu

MARGIN RESERVED FOR BINDING SITE PL LY, WITH s especially important.

PLEASE correct ag

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIL	RTH NO.						
(Ty	NAME OF E	CARLIN	, M 4 %	Y A.		2. DATE OF DEATH	118/53
	Baltimore	City, Maryland			4. USUAL RESIDENCE (		If institution: residence before admission)
В. Г	ULL NAME		oital or institut	ion, give street address or location)		mou	. 1
	TITUTION	40: P.	· Hank		C. CITY OR TOWN (1)		nits, write RURAL and give township)
36	Franc	Klin Squar	2 1/03/0	Yrs.	D. STREET ADDRESS (I		PAIMER
C.	Length of s	stay in Baltimore		Mos. Days	4918 Oal		7 ////// 0.15
5.	SEX	6. COLOR OR RAC		, MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	M Under 1 Year M Under 24 Hours Months: Days Hours: Min.
1.5	F	W		W	3/8/1896	56	Addition Days 120dis Milli.
work	done during most	CUPATION (Give kind of working life, even if retire	of IOB. KIND	OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S	NAME			Baltumere,	14D.	
		Chas Cox	001.		Elizabeth	(An)	
15.	WAS DECEAS	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT	yor	ADDRESS
(108,	no or unknown)	(If yes, give war or da	tes of service)	SECURITY NO.	manito be last	€ 3812 €	
	18. 42	2.1		CAUSE	OF DEATH	00.20	INTERVAL BETWEEN
	DISEA	SE OR CONDITION		0		, ,	ONSET AND DEATH
	(This does	LEADING TO DE, s not mean the mode are, asthenia, etc. It me	of dying, e.g	(A) Co.	nyestive Hea	at faile	nt.
	injury or	complication which	caused death	DUE TO		- Little	
		ANTECEDENT CAL	JSES	Ant	Erioclerofic	P 11 dis	00
0	DISEASE	S OR CONDITIONS.	IF ANY, GIVIN	G (D)	CATICOLORIC	C. V. 44 3	
AT		THE ABOVE CAUSE (A YING CONDITION		C) B2	on cho preu	man'a	
일.				(C)			
RTI	OTHER S	II SIGNIFICANT CONI	DITIONS CON				
<u>ا</u>		G TO THE DEATH, BU					
	19A. DATE C	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
DICA	214 ACCIE	THE WAS THE PER	218 PLA	CE OF INJURY (e.g., i	a or   21c. WHERE DID	(If in Beltimore City	yes No very no
MEDI		DENT WAS UNDER- R CONTRIBUTING DEATH		arm, factory, street, office bldg.,	INJURY OCCUR?	(ii iii Daitimole City	, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY						
-	m. WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from 2/17, 1953, to 2/18/, 1953, that I last saw the deceased alive on 2/18/, 1953, and that death occurred at 7.552m, from the causes and on the date stated above.						
-	deceased a				red at 1.554m., from	the eauses and on	the date stated above.
	- CAL GIONA	2 /-	/chi	mel M. D.	Francelor Squ	and Harby	2-185-2
	A. BURIAL,		,   2	4c. NAME OF CEMETE	RY OR CREMATORY 24D. I	LOCATION (City, tov	vn, or county) (State)
_0	Burel	2/2//	53	Lorsaine Par	h. W.	howill.	RI
	TE RECEIVE		R'S SIGNATU	RE TATE	25 FUNERAL DIRECTOR	) 4	ADDRESS
F	EB191	053 - Tuestu	we ov	- 7 (30,0)	and E Schenone	3676	hestant fue.

THE WALLEY Franklin Synta South tol No telegraphic and an area The state of the state of the state of Madnesto Care marie

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

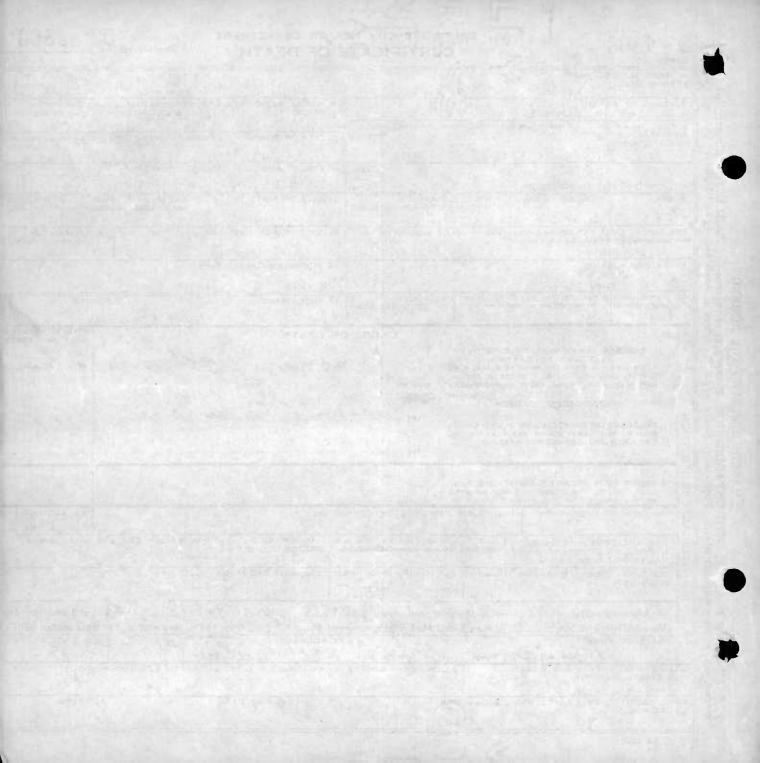
DIKITI NO.				
1. NAME OF DECEASED (Type or Print)  Lola May Trigge	r		2. DATE OF Feb	. 16, 1953
3. PLACE OF DEATH:  a. Baltimore City, Maryland		A. STATE	ICE (Where deceased lived, B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR	Md.			
INSTITUTION	location)	c. CITY OR TOWN		nits write RURAL and give township)
4 E. York St.		Baltimor	25 150	
	Yrs. Mos.		S (If rural, give location)	
c. Length of stay in Baltimore	Days	4 E. You	rk St.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARF WIDOWED, DIV MARF10d		8. DATE OF BIRTH 6/4/1900	9. AGE (In years last birthday)	if Under 1 Year H Under 24 Hours Months Days Hours Min.
IOA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BU	ISINESS OR	II. BIRTHPLACE (Sta		12. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY			WHAT COUNTRY?
Housewife Home		Virginia		
13. FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME	
William H. Harris		Virginia	a Tabor	
	CURITY NO.	17. INFORMANT		ADDRESS V AVE.
-	-	Mrs. Ethe:	Davis 4934	Pennington
18. 002 X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	K	10	1 1	ONSE! AND DEATH
(This does not mean the mode of dying, e.g.,	(19)	ummany /	Merculoso	1/2
heart failure, asthenia, etc. It means the disease.	(^)			
injury or complication which caused death.) pu	IE TO			
ANTECEDENT CAUSES				
Z DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	***************************************	->11>110	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE DU	JE TO			
UNDERLYING CONDITION LAST.	(C)	*******************************		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
E CTUES CICUIFICATION				
CTHER SIGNIFICANT CONDITIONS CON-				
U TO THE DISEASE OR CONDITION CAUSING IT				
19a. DATE OF OPERATION 19B. MAJOR FINDI	NGS OF OPER	RATION		20. AUTOPSY?
<b>V</b>				YES NO
ZIA. ACCIDENT WAS UNDER.  ZIB. PLACE OF LYING OR CONTRIBUTING ebout home, farm, factor CAUSE OF DEATH	INJURY (e. g., ii ry,street, office bldg., e	n or 21c. WHERE DIE		y, give exact location)
	JURY OCCURR	ED 21F. HOW DID I	NJURY OCCUR?	
OF INJURY WHILE AT	NOT WHILE			
m.   WORK	AT WORK	1/2-1465 -	1.616	/7
22. I hereby certify that I attended the deceas	ed from	195 19	to/Il/10 , 19	3, that I last saw the
deccased aling on July, 1932, and the	at death occur	rred at IP m., j	from the causes and on	the date stated above.
23A. SIGNATURE DIMERIEM	M. D.	1279 ml	Eam I	2/15/53
24A. BURIAL, CREMA: 24B. DATE 24C. NA TION, REMOVAL (Specify)		RY OR CREMATORY	24D. LOCATION (City, to	wn, or gounty) (State)
	- Cross	Com	Katobas III	-lawa ve
Durial 2/19/53 Hol	y Cross	25 FUNERAL DIREC	Kitchie Hig	ADDRESS
LOCAL REGISTRAR	Gual M	the Fr and Alexander	/ N	
FERT 9 10Kb Thurling	Janes & Color	John F. D	nny, Inc. 71	5 Light St.

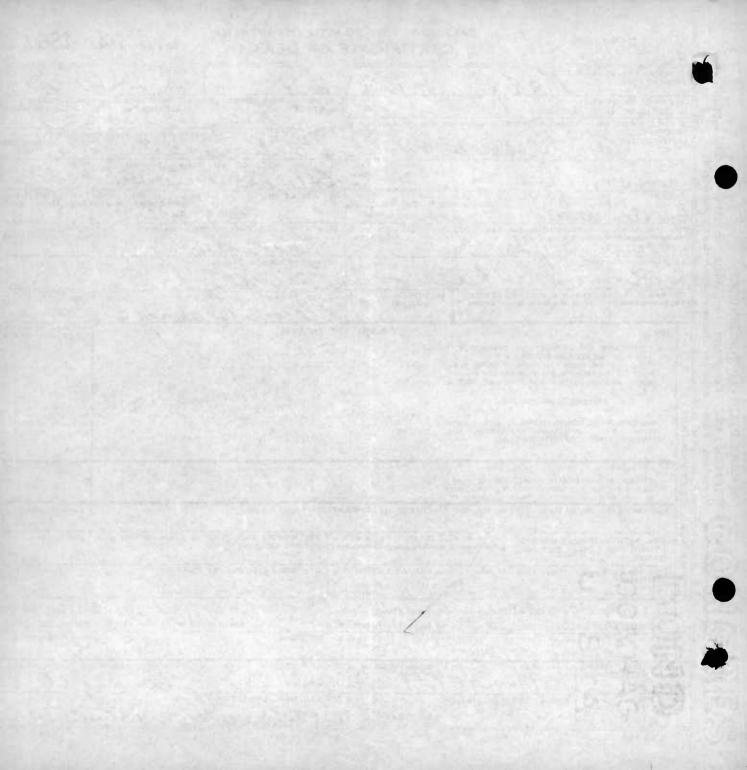
	ddns	
	carefully	legibly.
BINDING	WHITE PLAIMLY, WITH UNFADING INK. Every item of information should be carefully supp	ge is especially important. Physicians: please write the causes of death clearly and legibly.
MAKGIN RESERVED FOR BINDING	Every item	write the cau
REDE	INK.	please
MARGIN	UNFADING	Physicians:
	HILM '	portant.
	PLAINLY	cially im
	TILE I	is espe
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?-5	3 14 3 1866 BIRTH NO.
lied.	1. NAME OF DEC. (Type or Print)
:=	3. PLACE OF DEA

Registered No. 1866

	В	IRTH NO.	
-		NAME OF DECEASED (ype or Print)	2. DATE OF 9 -1 C - 1 C - 2
efully supplied oly.		PLACE OF DEATH MONITORING	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE  B. COUNTY before admission)
dn	-	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	
>	H	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RUKAI, and give
full y.	0	2312 South Poad	BALTIMERE 15 1 township)
carefu legibly.		Yrs.	D. STREET ADDRESS (If rural, give location)
e c		Length of stay in Baltimore	1 2336 LOYOLA SOUTHWAY
should be early and le	A	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Vent / If Under 24 Hours last birthday) Months: Days Hours Min.
on shou	10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
cles	WOL	KETIRED REAL ESTATE	RUSS 19 WHAT COUNTRY?
thio	13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
information is of death cle		NOT KNOWN	LEBA ZELDA
of o	15 (Ya	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
of in	(10	(If yes, give war or dates of service) SECURITY NO.	MRS. SALGONIA -2312 SOUTH PRO
em of i		18. 420.1 , CAUSE	OF DEATH
y item the cau		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
		(This does not mean the mode of dying, e.g., (A)	ronary occlusion & how
Every write th		heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO	
M M		ANTECEDENT CAUSES	
INK.	Z	(в)ИМ	uno Selvores
	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
75	Y	UNDERLYING CONDITION LAST. (C)(C)	
UNFADING Physicians:	RTIFIC		
FA		OTHER SIGNIFICANT CONDITIONS CON-	
UNF	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
m .	J	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
WITH tant.	ICA	21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (6. g.,	in or   21c. WHERE DID (If in Baltimore City, give exact location)
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PLAI ecially		22. I hereby certify that I attended the deceased from	M 8 1913 to 7 1/8 , 1918 that I last saw the
TE		deceased alive on 14 19.53, and that death occu	21/1
Is e		, , , , , , , , , , , , , , , , , , ,	23B. ADDRESS 23C. DATE SIGNED
		(Juny anim Kadyas.)	2306 Eulaw 11 Trh 18-19/3
SE t	2	4A. BURIAL, CREMA- 24B, DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEAS			QLE   BALTO. MI)
PLEA		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAN DIRECTOR ADDRESS
Ho	1	ED 1 0 4053	Patour De 2100 Culou III





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	18	69
BIR	TH NO	ο.

## BALTIMORE CITY HEALTH DEPARTMENT

53 1869

Registered 1 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RULAL and give C. CITY OR TOWN INSTITUTION township) Yrs. (If rural, give location) O. STREET ADDRESS Mos. c. Length of stay in Baltimore 4009 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (in years) WIDOWED, DIVORCED (Specify) /V & V last birthday) Months: Days Hours: Min. MIDDWED IOA. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Vanla 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, nn nr unknown) (If yes, give war or dates nf service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, nn nr unknown) SECURITY NO. Mrs. Mamie Harriso INTERVAL BETWEEN 18. 493X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY 51117-3 LEADING TO DEATH (This does not mean the mode of dying, e.g., MEMMONIA heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Heart Faulure CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) .... RTIFIG 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. DICA YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK AT WORK 1953, to 2 - 18 , 1953, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 2 . / & and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED M. D. CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) LOCATION (City, town, or county) 24B

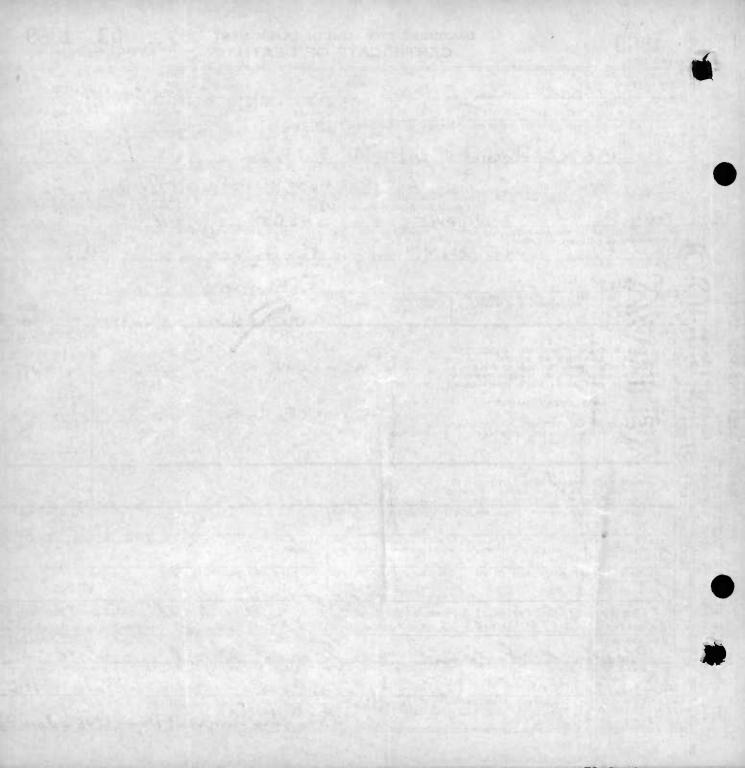
Burial DATE RECEIVED BY

LOCAL REGISTRAR

Ilurel

25 FUNERAL DIRECTOR

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The Prince	5	3 1870 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH Registered A	1870
ed.	(1	NAME OF DECEASED Bernice Oaks	neon   2. DATE OF TELS. /	6-1/5-3
ilddus	Α.	Baltimore City, Maryland Balto City  FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY	stitution: residence before admission)
fully supplied.		OSPITAL OR Incation Incation Incation	C. CITY OR TOWN (If outside corporate lishits,	write RULAN nnd give township)
legibl	С	Yrs. Mos. Days	D. STREET ADDRESS If rural give location	At
should be	6	SEX GOLD OR RACE 7. SINGLE, MALATED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If I last Virtigay) Mon	nder I Year II Under 24 Hours Lins Days Hours Min.
	wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Housewife  Home	11. BIRTHPLACE (State or foreign country) Virginia	2. CITIZEN OF WHAT COUNTRY
atio		B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Dana
VDING information of death cl		Burral Ross	Amanda Ross	
BINDING of inform uses of dea	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 8. no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADI	ORESS
- 5			OF DEATH	INTERVAL BETWEEN
FOR y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	SPAL HEMORRHAGE	1 Date
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
IRV E		ANTECEDENT CAUSES		
RESERVED INK. Ever please write	NO	DISEASES OR CONDITIONS, IF ANY, GIVING	TENSIVE CARDIDYASCULAR DISEASE	
	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	DISERSE	
ARGIN FADING sicians:	U	(C)		
Tr. 10	RTIF	OTHER SIGNIFICANT CONDITIONS CON-		
M. UNI Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
100	1	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
LY, WITH important.	DIC	21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e. g., in		ve exact location)
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TTI S		deceased alive on 2 , 19 . and that death occur	red at 12 km. From the causes and on the	date stated above.
9		a. H. Oevers Is. M.D.	JOHNS HOPKINS HOSPITAL	
SE t ag	TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		r county) (State)
PLEASE correct ag		Burial   2/20/1953   Mt Calvery (	em. Brooklyn Md.	ARRESS 4.
PL		OCAL REGISTRAR	Elingo, Wilson 100	Brantly
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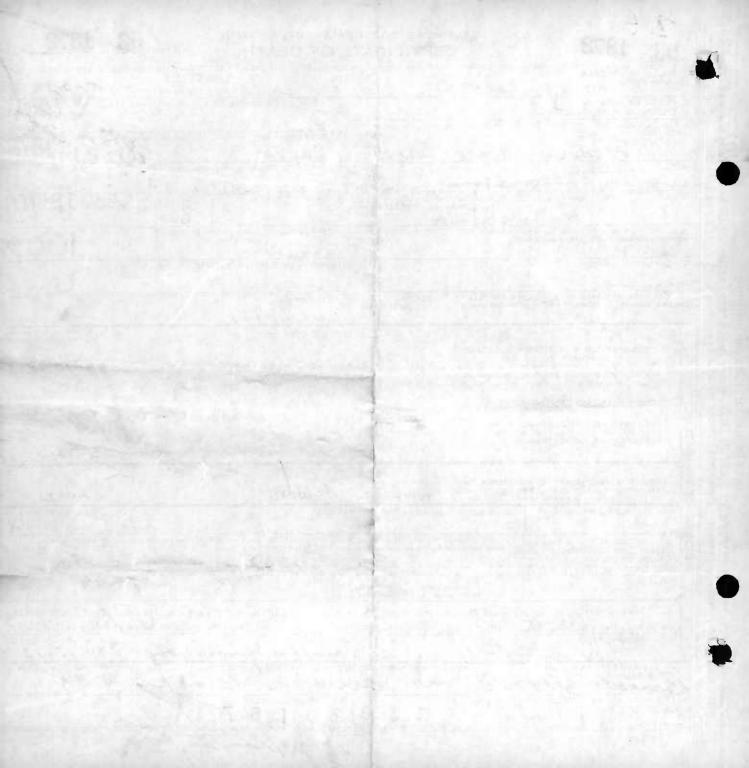
В	CERTIFICA	HEALTH DEPARTMENT TE OF DEATH Registered No	1871
T)	NAME OF DECEASED  Type or Print)  William  PLACE OF DEATH:  PLACE OF DEATH:	2. DATE OF DEATH Feb1	6-1958
A.	Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived. If institute A. STATE  B. COUNTY	before admission)
H	FULL NAME OF (If not in hospital or institution, give street address OSPITAL OR location		to RURAL and give
II	NSTITUTION 928 Bennett Place	Baltimore	township)
	Yrs	D. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore Life Mos Day		
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Special	8. DATE OF BIRTH 9. AGE (In years   f Under   last birthday)   Months;	
	Male Col. Married	April-11- 62	
worl	A. USUAL OCCUPATION (Give kind of A tone during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTR	RY Y	CITIZEN OF WHAT COUNTRY?
12	Painter Painting	Baltimore U.	S.A.
13	- Leaf	14. MOTHER'S MAIDEN NAME	
15	Louis Richardson 5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	Rosie Richardson	
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.		
	NO I	Rosie Collins 928 Bennett P	LACE
	1501		NSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Page	1 455
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		3
z	ANTECEDENT CAUSES		
TIOIT	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		*******************************
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FICA	The control of the surface of the su		4.
RTI	OTHER SIGNIFICANT CONDITIONS CON-		
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	ERATION	20. AUTOPSY?
CAL	0		YES NO
AEDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg CAUSE OF DEATH		xact location)
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	m. WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from		at I last saw the
	deceased alive on 19 and that death oec		
	23a. SIGNATURE		C. DATE SIGNED
	M. D.	11) 4 hlada 4 12	-118/13
	44. BURIAL, CREMA 1248. DATE  DEFREMOVAL (Specify)  2 / 19/53 24C. NAME OF CEMET	TERY OR CREMATORY 24D. LOCATION (City, toyen, or co	unty) (State)
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supplied	3. PLACE OF DEAT A. Baltimore City, B. FULL NAME OF
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d be	c. Length of stay 5. SEX 6. C
should searly	10A. USUAL OCCUP
information should be of death clearly and	13. FATHER'S NAM
f dear	15. WAS DECEASED EN
of inform	(Yes, no or unknown) (1
7 7	1 40 0 0 1

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	JAKKSON		2. DATE OF 2 -	15-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	5 71968 070	4. USUAL RESIDENCE (Wh		
	spital or institution, give street address or	Md	1	
INSTITUTION	location)	C. CITY OR TOWN (If o	utside corporate im	ts, write RULL and give township)
FRANKLIN	SQUARE HOSPITAL	BALTO.	10	wwnsmp)
	Yrs. Mos.	/	iral, give location)	
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RAC		108 N Carr	oll Ton	
FB	WIDOWED, DIVORCED (Specify)	6. DATE OF BIRTH		onths Days Hours Min.
10A. USUAL OCCUPATION (Give kin work done during most of working life, even if retir	dof 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
145W F	, in the state of	ynknown		WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAT	ME	
unknown		Unknown		
15. WAS DECEASED EVER IN U.S. ARI (Yes, no or unknown) (If yes, give wer or d	MED FORCES?   16. SOCIAL	17. INFORMANT	A	DDRESS
(1.70., 2.0. 0.1.0.	dates of service) SECURITY NO.	HOSP. CHART		
DISEASE OR CONDITION LEADING TO DE (This does not mean the mod heart failure, asthenia, etc. It n injury or complication which	EATH le of dying, e. g., ncans the disease,	al Hemorrhage		2 days
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19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
<u> </u>				YES NO
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	2 IB. PLACE OF INJURY (e. g., in ebout home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If INJURY OCCUR?	in Baltimore City,	give exact location)
210. TIME (Month) (Day) (Ye.	ar) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
OF INSORT	m. WHILE AT NOT WHILE			
22 I hereby certify that I	attended the deceased from 2	104.3/+0 7	15 105	3 that I last one the
deceased alive on 12 - 15				he date stated above.
23A. SIGNATURE		3B. ADDRESS	causes and on t	23c. DATE SIGNED
1/ Hund	M. D.	rankle from	youp	2-15-53
24A. BURIAL CREMA- TION REMOVAL (Specify)	15-3 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOS	CATION (City, town	, or county) (State)
LOCAL REGISTRAR	AR'S SIGNATURE	25. NERAL DIRECTOR	XIS:On	ADDRESS
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VS 150		1000 Brant	your	,



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information should be call, of death clearly and legibly.

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UNFADING Physicians: p

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PLEASE

## BALTIMORE CITY HEALTH DEPARTMENT

1873

Registered No-CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) ANDREW OF ALBERT DEATH FEB. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write ROLAL and give township) Wisteria Avenue D. STREET ADDRESS (If rural, give location) Yrs. Wisteria c. Length of stay in Baltimore Avenue Days 9. AGE (In years | If Under | Year | If Under 24 Hours | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) June 29, 1870 male 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Fireman Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY_NO 220-05-042] Mrs. Eva Albert, 3211 Wisteria Ave y item INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY nteriosleratic (ardio-Vascular Discus LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION NO YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 1953, that I last saw the 22. I hereby certify that I attended the deceased from Feb. 18, 1953, and that death occurred at 6:95 P.m., from the causes and on the date stated above deceased alive on_ 23A, SIGNATURE 23c. DATE SIGNED 15 1 secondona 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 2AD. LOCATION (City, town, or county) 24B. DATE Parkwood Cemetery 53 Baltimore. Burial Maryland DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 5305 Harford Road.

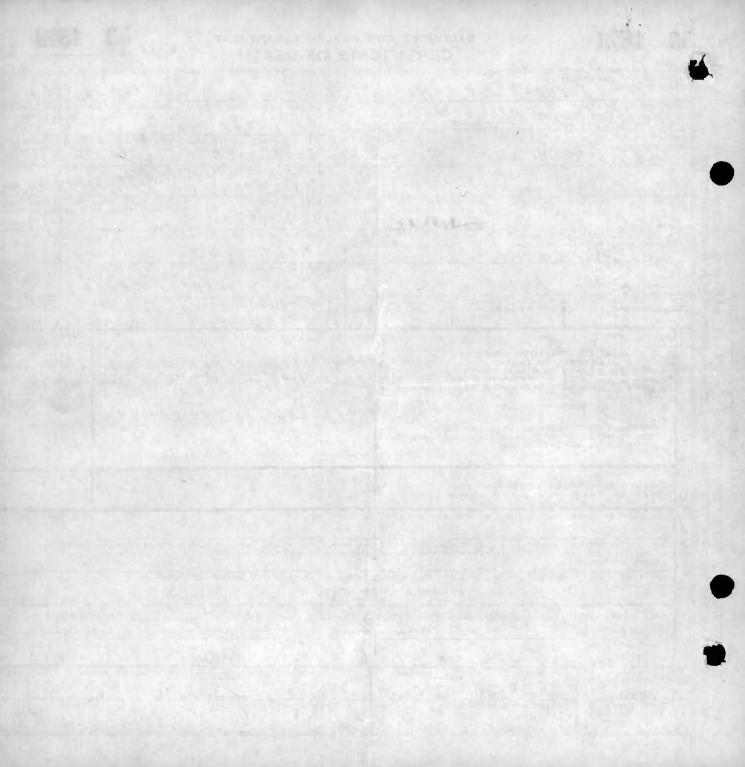
R-1	5	2	874
The		H NO.	OF DECE

MARGIN RESERVED FOR BINDING

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1874
Registered No.

E	BIRTH NO.	
ed.	1. NAME OF DECEASED (Type or Print)  ALEXANDER F. ROMOSER,	
supplied	3. PLACE OF DEATH:  A. Baltimore City, Maryland MERCY HOSPITAL	A. USUAL RESIDENCE (Where deceased lived, If institution: residence  A. STATE  B. COUNTY  before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, and BORAL and give
ully y.	MERCY HOSPITAL	BALTIMORE Cownship)
legibl	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)  GREEN MOUNT + 25 T ST. SOUTHERN MAY
be o	c. Length of stay in Baltimore LIFE Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years I Under I Year I Under 24 Hours
should be	MIDOWED, DIVORCED (Specify)	MAY 21, 1876 last birthday) Months Days Mours Min.
	10A. USUAL OCCUPATION (Give kind of work of neduring most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
tion h cl	13. FATHER'S NAME	MARY LAND  14. MOTHER'S MAIDEN NAME
rmati	ALEXANDE F. ROMOSER, SR.	MARY ELIZABETH CAUSEY
of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 3109
of	160 1/4	1 Y. George /t. Komoser-Finewood
very item of i	70011	OF DEATH ONSET AND DEATH
ry i	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	- VASCULAR PISEASE, CERE DON'S ROOM TO VYLLOS
Ever	injury or complication which caused death.)	- VASCOCA E TISEASE - CERE ONE ROMM. DO YEARS
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INK. please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
ING	UNDERLYING CONDITION LAST. (C)	
UNFADINC Physicians:	II OTHER SIGNIFICANT CONDITIONS CON-	
JNF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
h-1	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	
Y, WITH important.	21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (6.g., i	nor   21c. WHERE DID (If in Baltimore City, give exact location)
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y in	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF 1NJURY WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?
PL/ eciall	m. WORK AT WORK	6 9 10 3 34 18 10 53 1 1 1
re Fespec	deceased alive on 10 19 19 3 3 and that death occur	red at 8:20 Am., from the causes and on the date stated above.
TT e		3B. ADDRESS 23c. DATE SIGNED
20 E	24a. (BURIAL/ CREMA: 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY (244. LOCATION (City, town, or county) (State)
70	Burial 2-21-53 DRUIN	Ridge Balio Md
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	(25 AUNEBAN DIRECTOR) ADDRESS
Н	FFB 1 91953 Huntington Fr. Miller, Mighe	& Soluck J301 Harford NA



B. FULL NAME OF

13. FATHER'S NAME

HOSPITAL OR

INSTITUTION

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1875

9. AGE (In years It Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min.

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

ADDRESS

VV	53 1875
e y	BIRTH NO.
	1. NAME OF DECEASED (Type or Print)
je	3. PLACE OF DEATH:
dd	A. Baltimore City, Maryland

2. DATE DEATH February 18, 19
4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) Maryland , write RURAL and give (If outside corporate

3203 Ramona Avenue

(If not in hospital or institution, give street address or

Baltimore D. STREET ADDRESS (If rural, give location)

St. Joseph's

West. Theresa Constance

c. Length of stay in Baltimore

5. SEX 6. COLOR OR RACE

10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) Hwfe.

WIDOWED, DIVORCED (Specify) Married

INDUSTRY

Own home

14. MOTHER'S MAIDEN NAME

8. DATE OF BIRTH

Barbara

Maryland

11. BIRTHPLACE (State or foreign country)

28-1898

OSTROWSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

CAUSE OF DEATH

Yrs.

Mos.

Days

injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21c. WHERE DID

INJURY OCCUR?

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. I hereby certify that I attended the deceased from February 8, 1953 to February 18 1953, that I last saw the

deceased alive on Feb. 18, 19 53. and that death occurred at 6:00pm., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED

OF INJURY

24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE

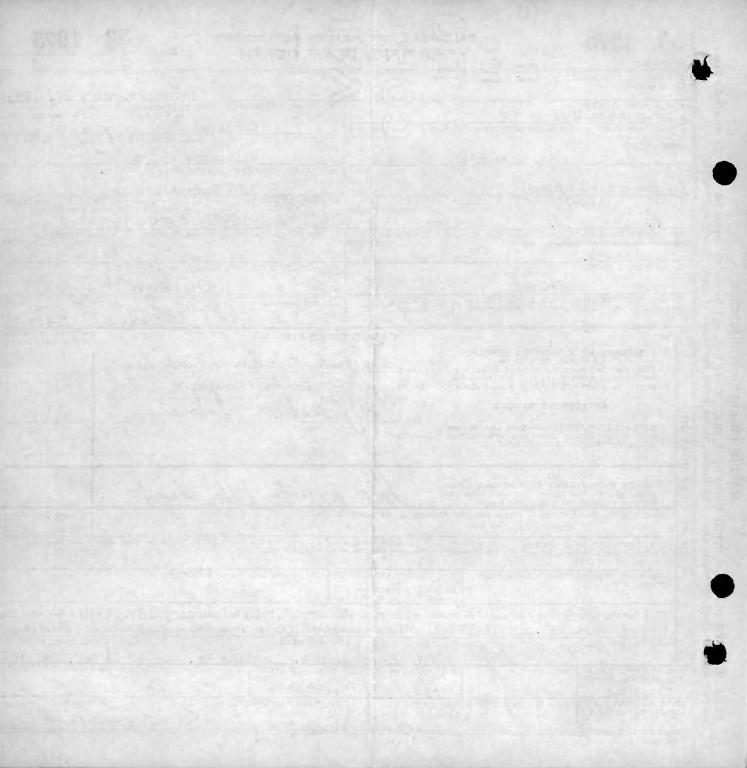
1400 N. Caroline St. 24. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Duria DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR

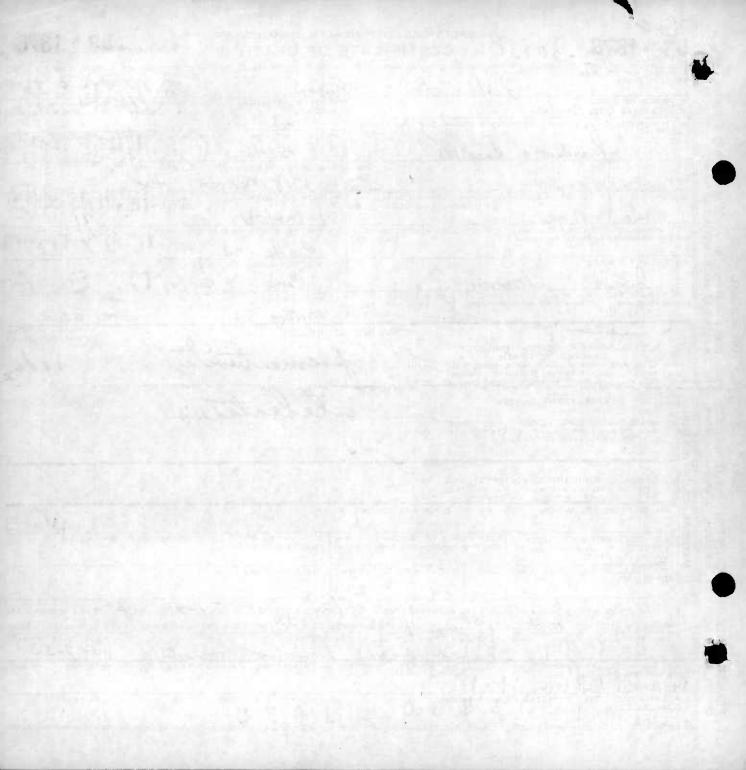
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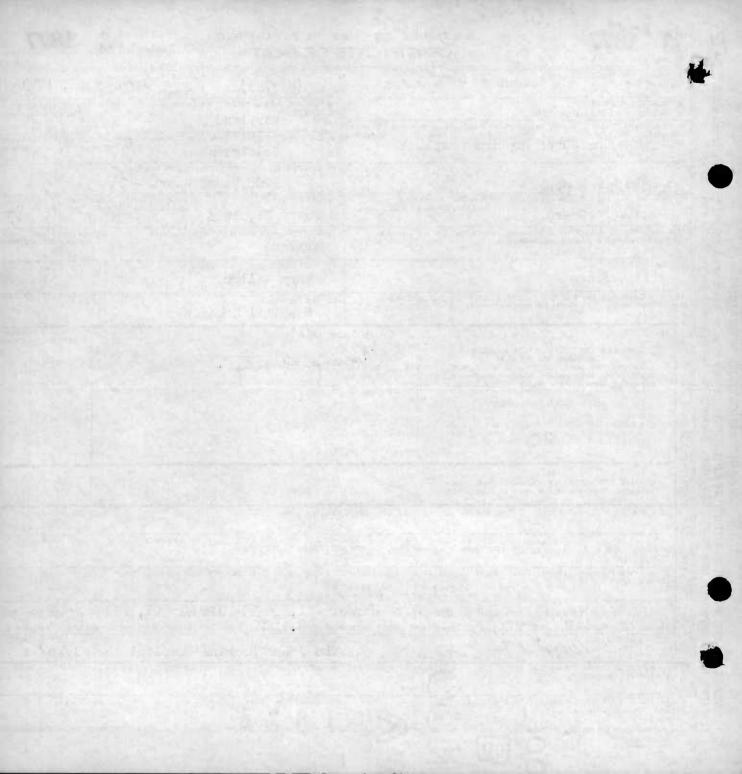


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5 B	3 1877 IRTH NO. 53-02793	BALTIMORE CITY HE CERTIFICATI		Registered 3	1877
	NAME OF DECEASED Infan	t of Mary Jones	(553753)	of January	21, 1953
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospita	l or institution, give street address or	4. USUAL RESIDENCE (WI A. STATE Maryland		titution : residence before admissi
H	OSPITAL OR NSTITUTION The Johns Hopl	location		utside corporate imits, v	weit RERAL and townsi
c.	Length of stay in Baltimore	Infant Yrs. Mos. Days	o. STREET ADDRESS (If r	court - 2	
5.	Female   6. COLOR OR RACE   Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH January 21, 1953	9. AGE (in years   If Um last birthday)   Month	der 1 Year H Under 24 H hs Days Hours M
1C worl	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for Maryland	eign country)   12	2. CITIZEN OF WHAT COUNTI
13	3. FATHER'S NAME Willie Jones		14. MOTHER'S MAIDEN NA Mary Waller	ME	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Recor		PRESS
RTIFICATION	(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which can an arrange of the state of the s	s the disease, used death.) DUE TO  S  (B)	wakunty		
CERT	OTHER SIGNIFICANT CONDIT TRIBUTING TO THE OEATH, BUT N TO THE OISEASE OR CONDITION	OT RELATED			
AL	19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exposed by the property of the proper					YES NO e exact location)
	22. I hereby certify that I attedeceased alive on January 2 23A. SIGNATURE	nded the deceased from January 1983, and that death occur	red at 8.11 Pm., from the 3B. ADDRESS The Johns Hopkins	e causes and on the	that I last saw date stated abo 23c. DATE SIGNI 1/26/53
24 TIC	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	MI. O.	RY OR CREMATORY 240. LO		
D	ATE RECEIVED BY REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR	A	DDRESS



The state of the state of the state of 

ag.	В	BALTIMORE CITY HE STATE OF THE		53 1879 egistered No.
fully supplied.	3. A. B.	NAME OF DECEASED (Type or Print)  PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR IOCATION)  JOHNS HOPKINS HOSPITAL	ma	THan . 23 1953
on should be cultured and legibly.	0/10	Length of stay in Baltimore  SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Yrs. Mos.  NO. 100  100  100  100  100  100  100  100	B. DATE OF BIRTH  11. BIRTHPLACE (State or foreign cou	(In years if Under 1 Year in Under 24 Rouss irthday) Months Days Hours Min.
DING informati of death	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME  Marlha  17. INFORMANT JOHNS HOPKINS	nospit <b>At^{poress}</b>
RESERVED FOR INK. Every item please write the cau	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Prematerity	INTERVAL BETWEEN
MA H UNF Phys	AL CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
ITE PL LY, WITH sepecially important.	MEDICA	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 2 3 - 1953 and that death occur	injury occur?  21f. How did injury occur  21f. How did injury occur  16 - , 19 3 to / - 2 3  red at 2 m., from the cause	, 19=3, that I last saw the s and on the date stated above
PLEASE Correct ages	TI	Te Reeder derker M.D.	38. ADDRESS JOHNS HOPKINS HOSPITA RY OR CREMATORY 24b. LOCATION 25. FUNERAL DIRECTOR	
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	255 6880 AJH 15		TIMORE CITY HE	
3	1. NAME OF DETASED (Type or Print) Baby Boy	Betty	Siegmyer	
y.	a. PLACE OF DEATH:  a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION  Baltimore Ci  4940 Eastern	A. USUAL RE A. STATE  Maryle c. CITY OR TO  Baltimo		
and legibly.	c. Length of stay in Baltimore	D. STREET AL 1714 Ba		
	5. SEX 6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF B
clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLA		
death	13. FATHER'S NAME  Jimmy ?	Betty Si		
ses of	15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) (If yes, give war or dates o	FORCES? f service)	16. SOCIAL SECURITY NO.	17. INFORMAL
the causes	DISEASE OR CONDITION DE LEADING TO DEATH (This does not mean the mode of	of DEATH		

heart failure, asthenia, etc. It means the disease.

injury or complication which caused death.)

1880 RTMENT Registered No. HTA 2. DATE OF DEATH1.29.53 SIDENCE (Where deceased lived. If institution: resideng B. COUNTY before adm und NWC (If outside corporat township) re DDRESS (If rural, give location) rclayn St. 9. AGE (In years last birthday) IRTH If Under 1 Year If Under 24 Hours Months Days Hours Bin. CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY MAIDEN NAME egmyer ADDRESS B.C.H. 4940 Eastern Ave INTERVAL BETWEEN ONSET AND DEATH Prematurity 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

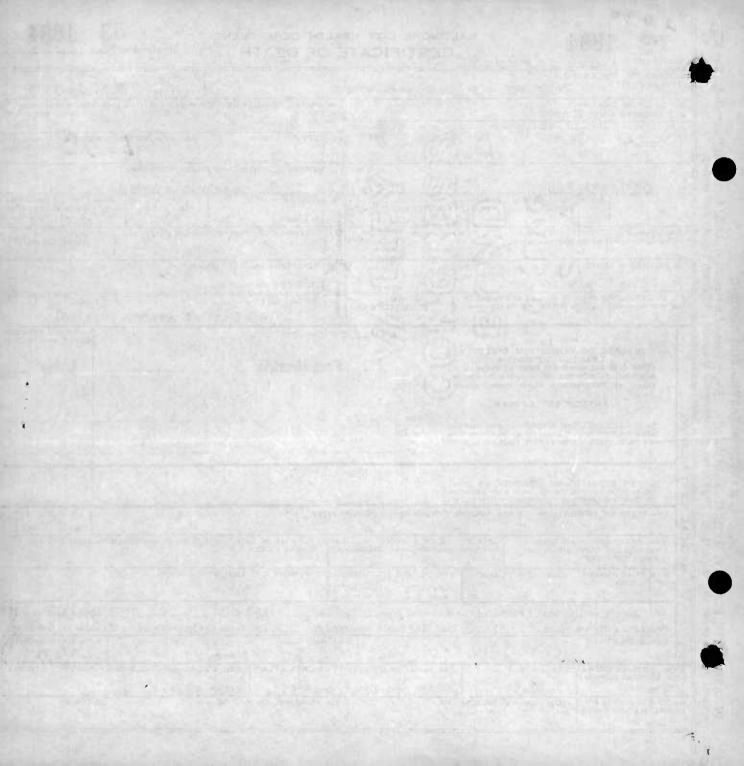
ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER ā about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT WORK AT WORK , 19 53 to 1.29 29 , 19.53, that I last saw the 22. I hereby certify that I attended the deceased from. 19.53, and that death occurred at 10.23am rom the causes and on the date stated above. deccased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1.30 53 4940 Eastern Ave 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 2404940 TEASTERN (City, town, or county) cremated 2-2-53 Baltimore City Hospital Baltimore. DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR wilse VS 150

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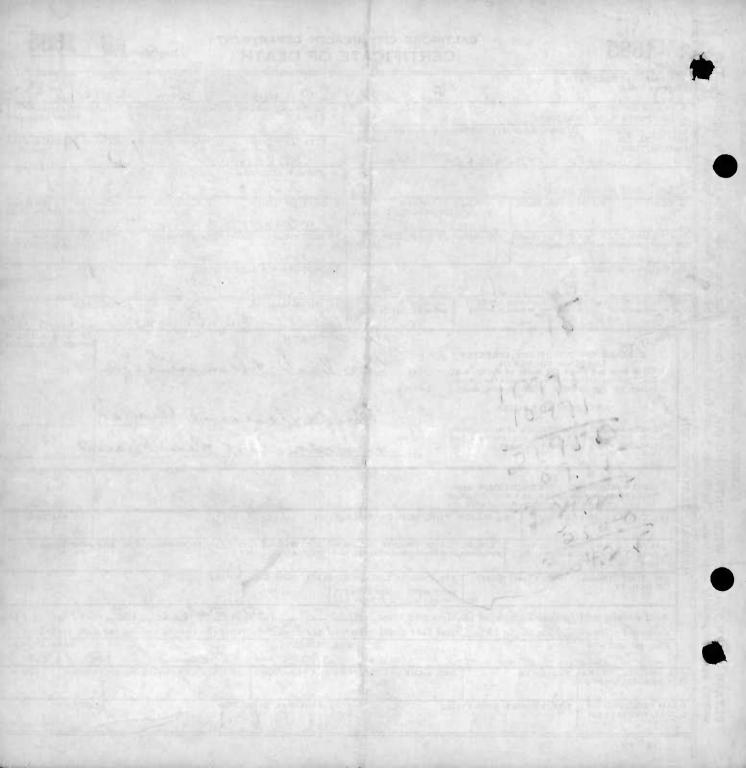
B-	6		1884 67808 <i>53-0</i>		LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	53 Registered No	1884
ully supplied.	1. (T	NAME OF D ype or Print)	Baby Boy	r - Bri	scoe , Delores		2. DATE OF DEATH	. 15-1953
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. F.I.I. NAME OF (If not in bospital or institution, give street address or					4. USUAL RESIDENCE (W A. STATE Maryland		stitution: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) INSTITUTION  1940 Eastern Avenue					c. CITY OR TOWN (If a	outside corporate limits,	township)
e c. legibly.			tay in Baltimore	116	Days	D. STREET ADDRESS (If r	vania Avenue	
should be		M	6. COLOR OR RACE	WIDOW S1	E. MARRIED. /ED, DIVORCED (Specify) ngle	8. DATE OF BIRTH 2-14-53		der I Year II Under 24 Hours III Under 24 Hours III III III III III III III III III I
on shou clearly	worl	done during most o	CUPATION (Give kind of if working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Mary land	reign country)	2. CITIZEN OF WHAT COUNTRY
information s of death cle			Briscoe			Dalores Queen	ME	
of info	15 (Ye	. WAS DECEASI	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B.C.H. 4940 Hast		ecord)
G INK. Every item: please write the cau	RTIFICATION	(This does heart failu injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS G OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	TH f dying, e. 1 ns the discas aused death SES F ANY. GIVIN STATING TH	(B)	Premeturity		ONSET AND DEATH
UNFADIN Physicians	CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
н.	EDICAL	21A. ACCID	ENT WAS UNDER-	21B. PL	FINDINGS OF OPER  ACE OF INJURY (e. g., in form, factory, street, office bldg.,	n or   21c. WHERE DID (If	in Baltimore City, giv	20. AUTOPSY? YES NO Cre exact location)
FITE PLA Y, WITH	ME	CAUSE OF		(Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJURY	OCCUR?	
		22. I hereb deceased a	live on 2 - 15-	_, 19_ <b>53</b> .	2	red at <b>81450</b> cm., from th	Maria Landa Company	date stated above. 23c. DATE SIGNED
PLEASE correct ag		4A. BURIAL. (SON, REMOVAL (SON) THE RECEIVE CAL-REGIST	CREMA- 24B. DATE pecify) 2-19-53	s,signati	24c. NAME OF CEMETE  Baltimore City	Hospitals 4040 25. FUNERAL DIRECTOR	CATION (City, town, or	2-15-53 recounty) (State)
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township)

If Under 24 Hours

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## BALTIMORE CITY HEALTH DEPARTMENT

53 1886

11	BIRTH NO.		CERTIFICAT	E OF DEATH	Registered 1	Vo
1	. NAME OF DECEASED	& 1 ·	)		2. DATE	0
1	Type or Print)	hering an	more		OF DEATH	416 1953
	. PLACE OF DEATH: Baltimore City, Mar	wland 12 -1	14 .2111	4. USUAL RESIDENCE	CE (Where deceased lived. If	
11-			ition, gi√e street address or	11	B. COUNTY	before admission
1	OSPITAL OR NSTITUTION	<i>y</i>	location)	C. CITY OR TOWN	(If outside corporate limit	, write RURAL and give
	With Furly	on some	3320 After 93	Bulti	171101	townp
	17		Yrs.	D. STREET ADDRESS	(If rural, give location)	
	Length of stay in Bal		Mos. Days	15/3	Dush of	
5	S. SEX 6. COLOR		E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	f Under 1 Year   If Under 24 Hours on the Days   Hours   Min.
Z	enfale Mh	de 111/1	dordel	jane 19 189	19 63	and Days Hours Inth.
wo	OA. USUAL OCCUPATION rk dooe during most of working life, e	(Give kiod of 108. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
	ATTURE 11	YELL	in booth i	Mestaknest	o Canull &	MAI COUNTRY
1	3. FATHER'S NAME	1		14. MOTHER'S MAIDE	N NAME	,
1	Malle de	my	J-12-1-15-	unite	Wysts.	
1 (Y	MAS DECEASED EVER IN (If yas, giv	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
l.	-20 -		3200111110.	Ally F. Miles	kalois 11M	nu Ball of
	18.422.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR COL	NDITION DIRECTLY		1 1/	1 - 1	ONSET AND DEATH
	(This does not mean	TO DEATH the mode of dying, e.	E., (A) CMC	of two Hear	I Tailene	
	heart failure, asthenia, injury or complicatio	n which caused deat	ise, h.) DUE TO	0	· CUM	
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Z			(B) Jer	~. Certer	inclusio	<b>لــ</b>
L	DISEASES OR COND	CAUSE (A) STATING T	HE DUE TO	11 . 1.		0 4
V	UNDERLYING COND	DITION LAST.	(c) Ch	Hz perm	splice 41	wife
ERTIFICATION						
R	OTHER SIGNIFICAN	II NT CONDITIONS CO	N -			
CE	TRIBUTING TO THE DE	EATH, BUT NOT RELAT	IT.			
L	19A. DATE OF OPERAT	TON 0 198. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
V						YES NO
EDICA	21A. ACCIDENT WAS LYING ☐ OR CONTRIB	BUTING about home	ACE OF INJURY (e. g., I , farm, factory, straet, office bldg.,	o or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, s	give exact location)
Z	CAUSE OF DEATH 21D. TIME (Month) (D	(Y) (T) 1	At- IN HIDY COOLING			
	OF INJURY	ay) (lear) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		JURY OCCUR?	
		m.	WORK AT WORK			
	22. I hereby certify		e deceased from	ne 191, to		, Dat I last saw the
	deceased alive on	0 16,1953	, and that death occur	rred at 5 - m., fro	om the causes and on th	
	23 SIGNATURE	Cerne	eusans :	238. ADDRESS	Estour Ru	23 DATE SIGNED
2		B. DATE 1933	24c. NAME OF CEMETE	RY OR CREMATORY   24	4D. LOCATION (City, town,	or county) (State)
T	/1h	Fat 100.00	Strictor	Dark	13/1/11	11/11
-	ATE RECEIVED BY RE	GISTRAR'S SIGNAT	V- 11 - 1 - 1	25. FUNERAL DIRECT	TOR	ADDRESS
	OCAL REGISTRAR	Hunting tox	I SIMBLUME, My	19/11/	Boulet de	

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## INCTIMONE OF HEALTH DEPARTMEN

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A) the total county of the country o	Toward Standards and Salaration Land all Compared to the Land and Compa
THE REPORT OF THE PROPERTY OF	

township)

before admission)

(If outside corporate limits, write RURAL and give

If Under 1 Year last birthday) Months: Days Hours! Min. 12. CITIZEN OF

WHAT COUNTR

ADDRESS INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPS

that I last saw the 3 . A.m., from the causes and on the date stated above. 23c, DATE SIGNED

LOCATION (City, town, or county)

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DING	information of death cl
MARGIN RESERVED FOR BINDING	WITH UNFADING INK. Every item of information should be cantant. Physicians: please write the causes of death clearly and legih
RESER	INK.
MARGIN	UNFADING Physicians:
	WITH tant.

BALTIMORE CITY HEALTH DEPARTMENT 1889 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Virginia Williams Anderson 3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City A. STATE B. COUNTY Balto. City B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN INSTITUTION Baltimore Mercy Hospital D. STREET ADDRESS (If rural, give location) Yrs.

on DEATH Feb 17-1953
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside corporate limits, write RURAL and give township) Mos. c. Length of stay in Baltimore Life 210 N. Colvin Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5 SEX 8. DATE OF BIRTH 9. AGE (In years | If Under I Year | II Under 24 Hours last birthday) | Months; Days | Hours; Min. Married May-22-Female Col. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY U.S.A. Baltimore Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Gundy Unkown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. NO Daniel Anderson 210 N. Colvin St. INTERVAL BETWEEN 18. CAUSE OF DEATH 4201 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO pertensise cardis-vascular disesse ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. E RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or ) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING

CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

1952 to 786 22. I hereby certify that I attended the deceased from Jacc . 1953 that I last saw the deceased alive on 15 Feb 1953, and that death occurred at 10 17 m., from the causes and on the date stated above.

238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B. DATE

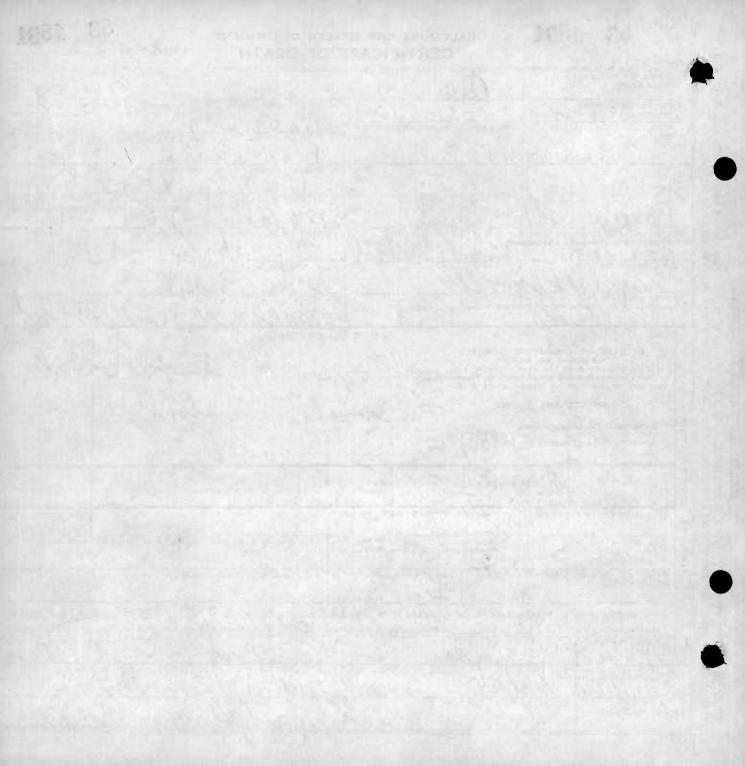
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2/21/1953 Mt Calvery Cem. Burial Brooklyn Md.

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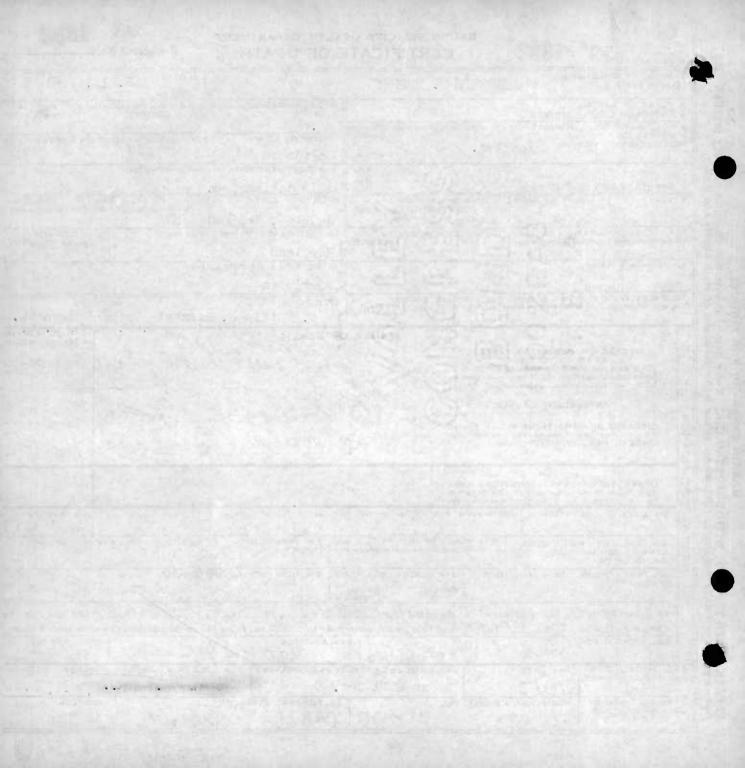
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 No. 1893

۵.	BIRTH NO.				
	1. NAME OF DECEASED (Type or Print)	EMMA P. PFITSCH		of Feb.	18, 1953
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission		
	B. FULL NAME OF (If not in hospi	tal or institution, give street address or location)			
1	INSTITUTION 1704 South	Rd.	c. CITY OR TOWN (If outside corporate limits, write RURAI, and give township		
-	47	Yrs.	Baltimore D. STREET ADDRESS (If:		
	77. 11. 4 1 1 1 1 1 1 1	Mos.		rural, give location)	
	c. Length of stay in Baltimore  5. SEX   6. COLOR OF RACE	Days 7. SINGLE, MARRIED.	1704 South Rd.	9. AGE (In years) If Un	der 1 Year   II Under 24 Hours
		WIDOWED, DIVORCED (Specify)		last birthday) Mont	del 1 Year   II Under 24 Ileuis hs Days Hours Min.
1-	female   white	widowed	May 28, 1865		1
-	rork done during most of working life, even if retired	INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUNTRY?
	housewife	at home	Germany		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
11-	John Kaax		Henrietta Scheve		
1	15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or dat	D FORCES? 16. SOCIAL security No.	17. INFORMANT	ADE	DRESS V
			Mrs. Irene Merri	tt - 1704 Sou	th Rd.
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode- heart failure, asthenia, etc. It mes injury or complication which  ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.	DIRECTLY THO of dying, e. g., ans the disease, caused death.)  SES  IF ANY, GIVING STATING THE OUE TO OUE TO	chiel Preumone	•	onset and death  4 days  1 week.
CERTIFICA	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION	NOT RELATED	ATION		20. AUTOPSY?
11	21A. ACCIDENT WAS UNDER-	1 are place of bulley ( - 1	- Late WHERE DID. (I	6 in Dalainean City air	YES NO
i i	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., In about home, farm, factory, street, office bldg., a		f in Baltimore City, giv	e exact location)
1	210. TIME (Month) (Day) (Year OF INJURY	) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?	
	OF INSURT	m. WHILE AT NOT WHILE			
1	22 I hereby contifue that I at	tended the deceased from 34	F- 11 4 10 Ca +0 3	174 1058	that I last sam the
1		4, 19.53, and that death occur			
	23A. SIGNATURE		3B. ADDRESS		23c. DATE SIGNED
	7	150- CROWN W	enterouth apte. Bal	15.1 Md. 3	tet. 18 = 1953
-	24A. BURIAL, CREMA- 24B. DATE	. 24. NAME OF CEMETE		OCATION (City, town, or	
	TION, REMOVAL (Specify)  Burial 2/21/5	3 Druid Ridge	Cem. T	Pikesville, Md	
1	DATE RECEIVED BY   REGISTRAR	'S SIGNATURE'	25 FUNERAL DIRECTOR		DURESS
	LOCAL REGISTRAR		Ultim. V	Laces 1 H	XIMA
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53 Registered No BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR ully (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL e calula Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days on should be 5. SEX 6. COLOR OR RACE I 7. SINGLE, MARRIED 8. DATE OF BIRTH II Under 1 Year 9. AGE (In years If Undar 24 Hours WIDOWED, DIVORGED (Specify) last birthday) Months; Days Hours: Min. work 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Executive Numerous Businesses 13, FATHER'S NAME 14. MOTHER'S MANDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL JOHNS HOPKINS HOSPITA ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. no INTERVAL BETWEEN item 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH MYOCARDIAL INFARCTION (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CORONARYTHR CAUBOSIS 36 HRS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CORONARY ARTERIOSCLEROSIS UNFADING Physicians: p UNDERLYING CONDITION LAST. CERTIFI OTHER SIGNIFICANT CONDITIONS CON-RESOLVING PNEUMONIA 10 DAYS TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., In or I 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 2-11 7-18 1953 that I last saw the 1953 to 1953, and that death occurred at 135 Am., from the causes and on the date stated above. 7-18 deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SYNATUR JOHNS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 2/20/53 Loudon Park Cem. Balto. Md. 28 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR untinglow VS 150

See query reply in D cument File

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## BALTIMORE CITY HEALTH DEPARTMENT

1806

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	-	Istitution I the Sister of the Poor	Ballo	township)
		Length of stay in Baltimore Mos. Days  SEX   6.COLOR OF RACE   7. SINGLE MARKED	Jor n. ban	allton the
	6	SEX 6. COLOR OR RACE 7. SINOLE. MARKED. WIDOWED, DIWORCED (Specify)	8. DATE OF BIRTH 9. A	GE (In years of Under 1 Year Under 24 Hours State birthday) Months Days Hours Min.
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of information ses of death cle	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	gaatgeanna.	Burgess
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Every item of write the causes		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	of DEATH scinoma of Sto	mach 1 year
r INK.	CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Wasis in Live	t buille
UNFADING Physicians:		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
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Y, WITI	MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in B	Saltimore City, give exact location)
		21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI OF INJURY  WHILE AT NOT WHILE AT WORK		UR?
FE PLA especially		22. I hereby certify that I attended the deceased from Feb deceased alive on Feb 16, 1953, and that death occur	6/- ,1953, to 706	
S es		23A. SIGNATURE & GILL Hall M. D. 2	163/8 North a	23c. DATE SIGNED 2/1/63
PLEASE correct ag	-	14A. BURIAL, CREMA- ON, REMOVAL (Specify)  2-20-53  14M. Cal	he dratter	ON (City, town, or county) (State)
PLEA		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	Suffer To 2

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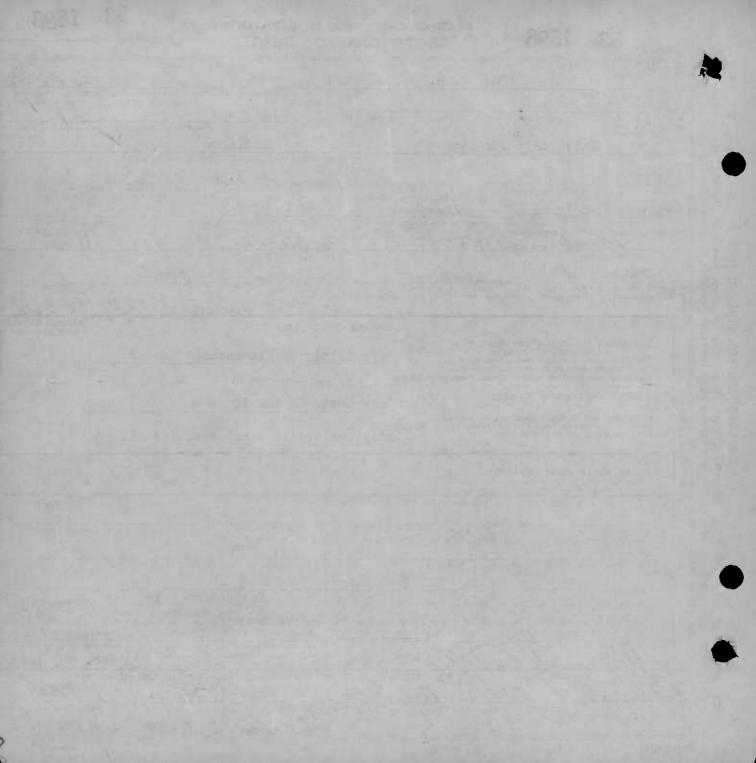
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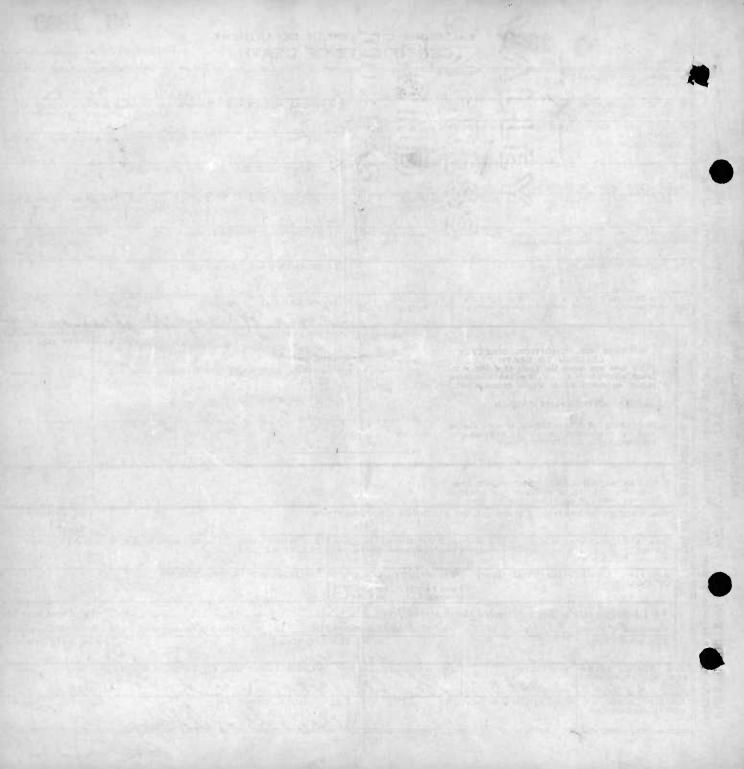
1898 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH

February 18, 195 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) 9. AGE (In years) If Under 1 Year last birthday) | Months Days Hours Min. 12. CITIZEN OF WHAT COUNTR ADDRESS ONSET AND DEATH 20. AUTOPSY YES NO (If in Baltimore City, give exact location) Autopsy, Inspection or Inquiry

Feb.

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1901

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	1. (T)	NAME OF D ype or Print)	ECEASED W	ILLIAM I	ROBERT BOSLEY		2. DATE OF Fell DEATH	b. 18, 1953
	A.	PLACE OF D Baltimore (	city, Maryland	2740 Be	ryl Ave.	A. STATE	CE (Where deceased lived B. COUNTY	
	B. I	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	tion, give street address or location)	C. CITY OR TOWN	(If outside corporateli	nits, vrije RUR L and give
$\ $	IN	STITUTION					altimore O	township)
	0	U			Yrs.	D. STREET ADDRES	S (If rural, give location)	
2	-		tay in Baltimore		life Mos.	11	740 Beryl Ave.	,
	5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday)	Months: Days Hours Min.
	10	male	white		widowed	Dec. 16, 1876	76	
	work	done during most o	CUPATION (Give kind of f working life, even if retired)		INDUSTRY	II. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY?
		od Caulko		betn.	Steel Corp.	Baltimorek M		U.S.A.
				cnown		14. MOTHER S MAIL	unknown	
	15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
	(Yes	no or unknown)	(If yes, give war or date	o of service)		Anna C. Light	ner, neice, ab	ove
		18. 491	Y		CAUSE	OF DEATH		INTERVAL BETWEEN
		1 11	E OR CONDITION	DIRECTLY	R			ONSET AND DEATH
		(This does	not mean the mode of	f dying, e.	g., (A)	rus pren	170 NIQ	102045.
		Injury or	re, asthenia, etc. It mea complication which c	aused death	a.) DUE TO			
			ANTECEDENT CAUS	SES				
	Z	DISEASES	OR CONDITIONS, I	F ANY, GIVIT	(B)	•••••••••••••••••••••••••••••••••••••••	***************************************	***************************************
1	ATIO		HE ABOVE CAUSE (A)		HE DUE TO			
	10				(C)	***************************************		***************************************
	RTIFIC	OTHER S	II IGNIFICANT CONDI	TIONS COL	٧.			
	CEF	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED (	terosche	1315	570.
	-		4 44 4	the second second second	FINDINGS OF OPER	ATION		20. AUTOPSY?
	CAL			L ote Di	ACE OF INDIBY ( 4	n or   21C. WHERE DID	(If In Poltimore Cit	y give exact location)
	MEDI		ENT WAS UNDER. R CONTRIBUTING  DEATH	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bidg.,		e (II in Baltimore Cit	y, give exact location)
	-	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		NJURY OCCUR?	
				m.	WHILE AT NOT WHILE			
		22. I hereb	y certify that I att	ended the	deceased from	tch. 8, 1953	to_fel., 18, 19	53, that I last saw the
2		deceased al	ive on fee. 1	8, 19 <del>53</del> ,	and that death occur	red at 1049 Hm., f	rom the causes and or	the date stated above.
		23A. ELENAT		eder	4.5	3B. ADDRESS	toe	2-19-53
0	24	A. BURIAL, C	REMA- 24B. DATE pecify)				24D. LOCATION (City, to	wn, or county) (State)
	110	Burial	Feb. 20,	1953	Holy Redeemer	Cem.	Baltimore, Md	•
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		EFRI 9	RAR Huntin	Charles of the		3601-3-EF	neral Home, In	•

Bent	35	46 3 190 RTH NO.	2		ВА	LTIMORE CITY H			Regist	53 tered No.	1902
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ully supplied.	3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence							titution: residence before admission)			
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legibi	1					Yrs. Mos.	D. STREET ADDRE			tion)	
		Length of st		Baltimore OR or RAC	E 7. SINGL	Days E. MARRIED.	1218 E. NO		AGE (In y	ears If linds	er 1 Year   If Under 24 Hours
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		?			Post	Office INDUSTR	Maryland				WHAT COUNTRY?
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orn de	15	George . WAS DECEASE			ED FORCES	Las social	Amelia ?				
BINDING of informuses of dea	(Yes	no or unknown)	(If yes	, give war or d	tes of service)	16. SOCIAL SECURITY NO.	Mrs. Mary E	Rote:	ler _ 1	218 F	
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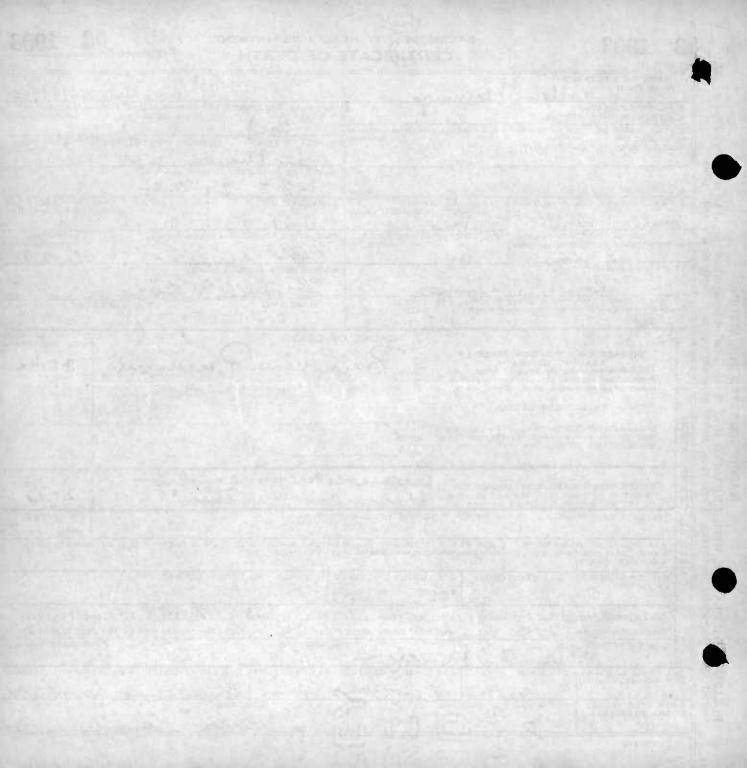
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No

1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; re A. Baltimore City, Maryland B. COUNTY pefore dmission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION TOHNS HOPKINS HOSPIT D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years If Under 1 Year last birthday) Months; Days Hours: Min. IOA. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. MEMED FORCES? 6. SOCIAL 17. INFORMANT (If yes, give wer or dates of service) (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS important. EDICA 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILF AT WORK AT WORK 1953. to. 2-18 , 1953, that I last saw the 22. I hereby certify that I attended the deceased from. 1953 declased alive on and that death occurred at_ m., from the causes and on the date stated above, 234. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

VS 150

DATE RECEIVED BY LOCAL REGISTRAR



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before admission)

If Under 24 Hours

Hours: Min.

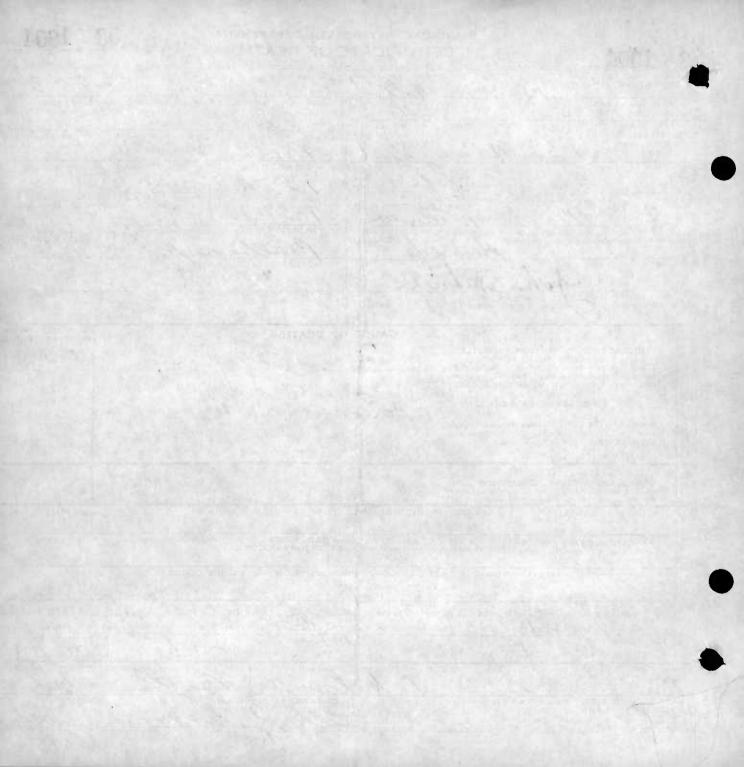
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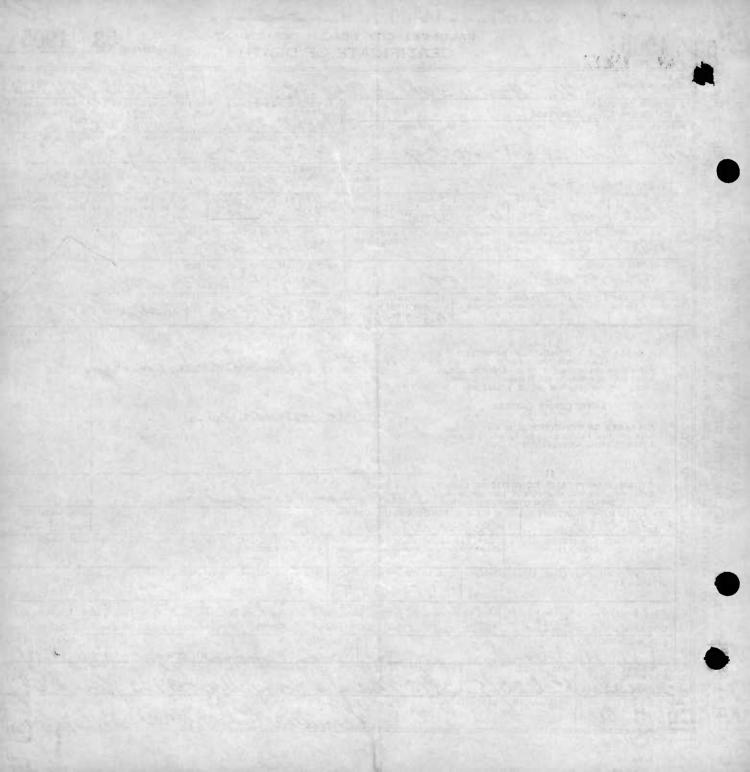
ONSET AND DEATH

20. AUTOPSY

YES



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH cully supplied 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give INSTITUTION TIMORES should be carlu Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) WIDOWED IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR information s 13. FATHER'S NAME ERICK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL MR. FREDERICK W. STERNER 3824 EL (Yes, no or unknown) SECURITY NO 5-07-44 NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 550 PM 2-14-53 -730 PM 2-14-53 WITH important. BDOMINAL ANEURYSIN EDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially WHILE AT . 1953, that I last saw the 22. I hereby certify that I attended the deceased from FEB deceased alive on FEB 17, 1953, and that death occurred at 2 In., from the causes and on the date stated above. 23c, DATE SIGNED 234. SIGNATURE מט 24A BURIAL, CREMA-DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 000

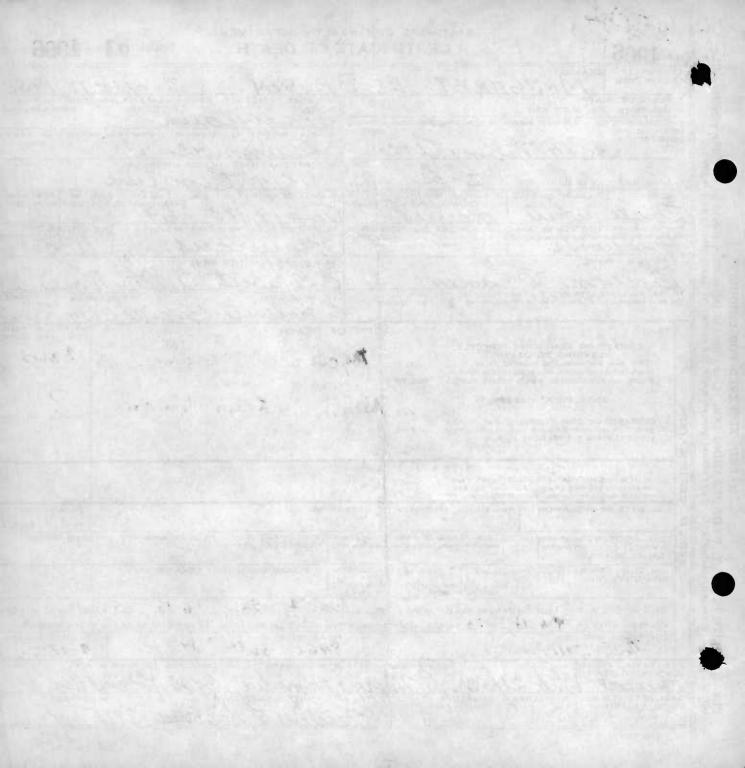


before admission)

20. AUTOPSY

(State)

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TE PLA.		22. I hereby certify that I attended the deceased from		e date stated above
		dand published.	39, ADDRESS WOHNS HOPKINS HOSPITAL	23c. DATE SIGNED
PLEASE correct ag	710 TI	AA. BURIAL, CREMA- ON, REMOVAL (Specify) 2 -21-53 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, of	r county) (State)
PLE	D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE DEAL REGISTRAR	FILEY FULLENCE	ADDRESS
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NOT A MEDICAL EXAMINER'S CASE.

Roberts M.D.

CHIEF OR ASS. MEDICAL EXAMINER

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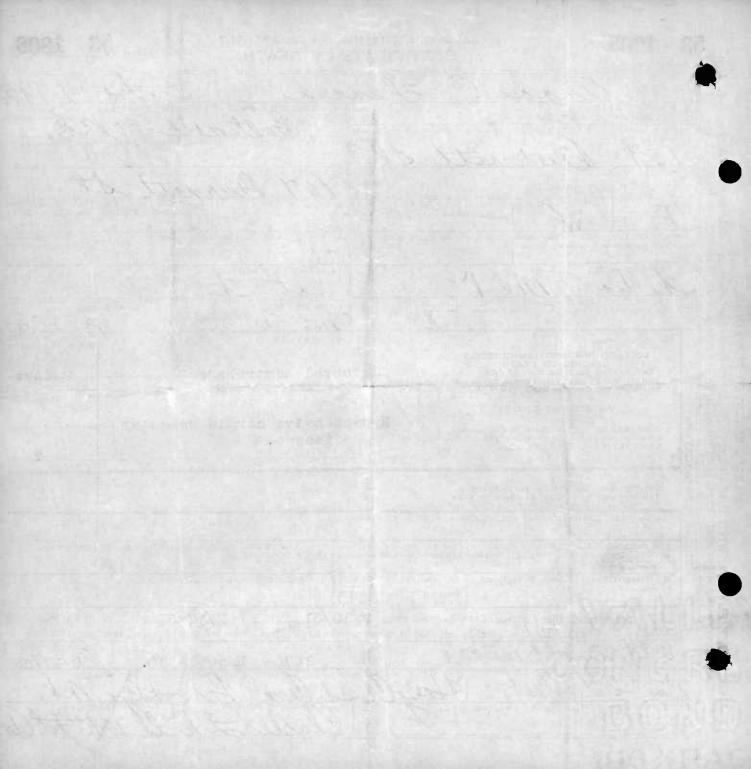
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.3 1908

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supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address or location)		
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Every write th		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ebral hemorrhage	2 days
	Z	ANTECEDENT CAUSES	rtensive cardio vascular	
r INK.	TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	disease.	*
ans:	FICA	(C)		3
UNFADING Physicians: 1	CERTII	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H .		19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY7
Y, WITH important.	DICA	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (6. g., in	n or   21C. WHERE DID (If in Baltimore City, give	YES NO exact location)
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		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE m. WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?	
		22. I hereby certify that I attended the deceased from #/	10/51 19_, to 2/17/53_, 19, t	hat I last saw the
esp esp			rred at 3 P.P. m., from the causes and on the	date stated above.
00		Syrry Decle M.D.	1226 Hanover St.	2/17/63
PLEASE correct a	TIC		AS CEM A ANG City town, as	County) State)
PLEAS	L	ATE RECEIVED BY DCAL REGISTRAR'S SIGNATURE	Claulis I I B	DORESS LA CON
	7	VS 150		



BALTIMORE CITY HEALTH DEPARTMENT Registered 3 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDERCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits write RURAL and give township) HOSPITAL OR location) C. CITY OR TOWN INSTITUTION TOHNS HOPKINS HOSPITAL e cal ADDRESS (If rural, give location) Yrs. D. STREET Mos. c. Length of stay in Baltimore Days should be early and 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Give kind of BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNT information own death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL of 17. INFORMANT HOPKINS HOSPITAL ADDRESS (If yes, give war or dates of service) SECURITY NO. (Yes, no or unknown) uruouu INTERVAL BETWEEN 18. CAUSE OF DEATH 490 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Every (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p holic Curhasis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPS 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL important.

YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT NOT WHILE! AT WORK WORK

deceased alive on

22. I hereby certify that I attended the deceased from. 19 53 and that death occurred at \.30 m., from the causes and on the date stated above,

23B. ADDRESS

23A. SIGNATUR HOPKINS HOSPITA

24A. BURIAL, CREMA-TION REMOVAL (Specify) und

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

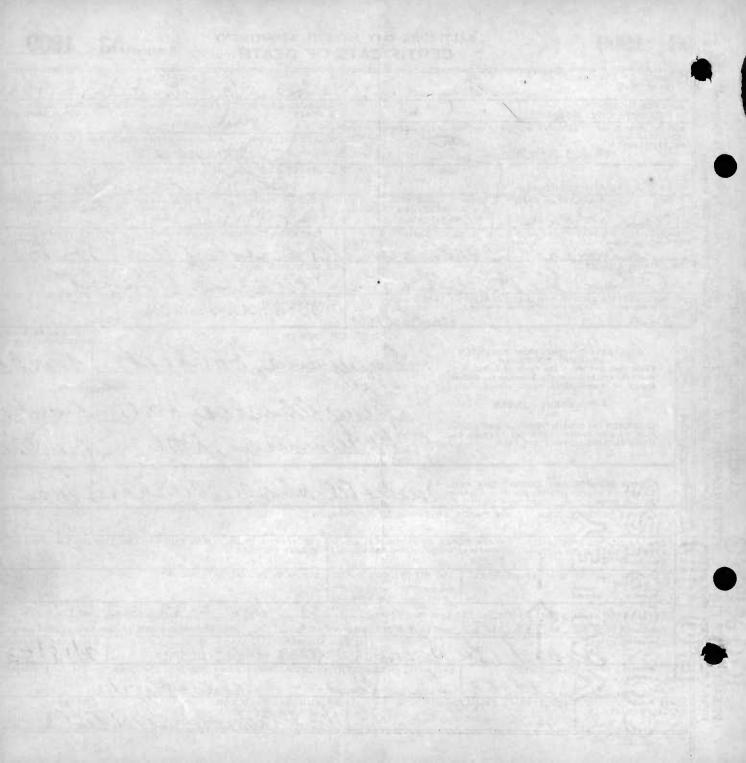
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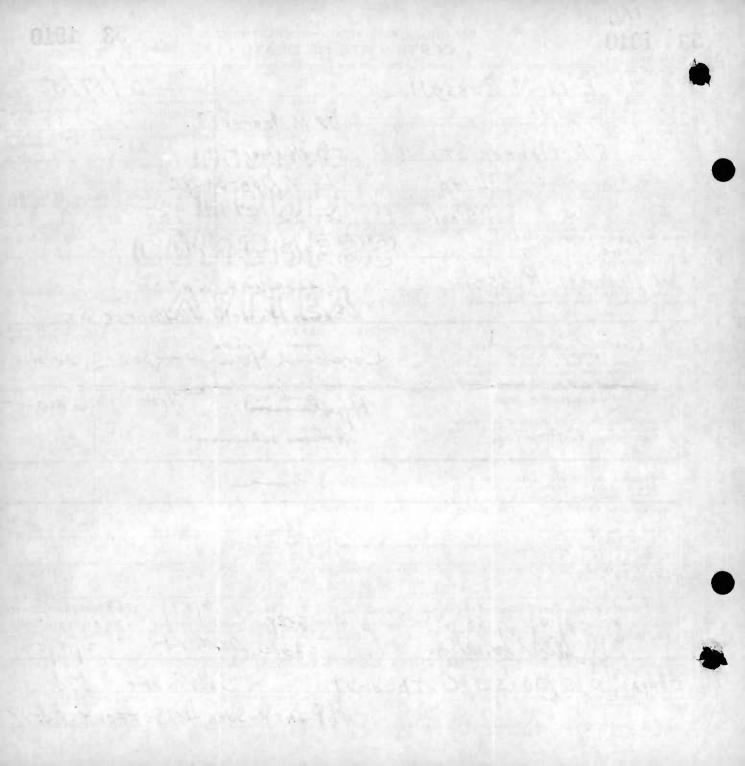
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20. AUTOPSY

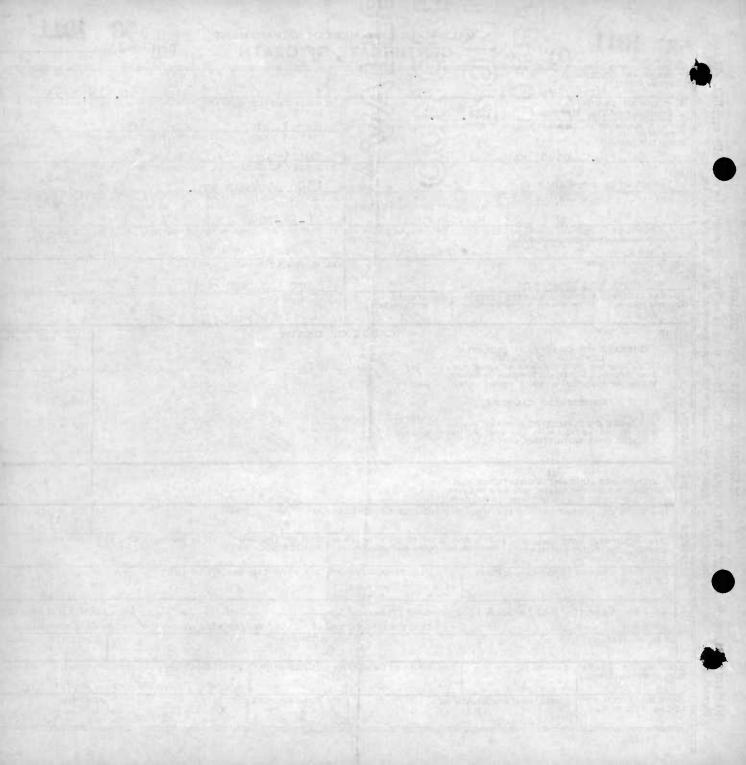
23C. DATE SIGNED

NO

PLEAS



H	5	3 1911 B	ALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	53 Registered No	1911
d.	1.	NAME OF DECEASED (ype or Print)  Mrs. Eva Holland			2. DATE OF	2052
ully supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland Balto	Md	4. USUAL RESIDENCE (W	B. COUNTY	
Ily su	H	OSPITAL OR ISTITUTION	tution, give street address or location)		DAL MORE  outside corporate limits, wr	rite RURAL and give township)
egibly.	-	St. Agnes Hospital	Yrs. Mos.		ural, give location)	(E)
			GLE, MARRIED, DWED, DIVORCED (Specify)	8. DATE OF BIRTH		1 Year   If Under 24 Hours Days   Hours   Min.
on should be		PA. USUAL OCCUPATION (Give kind of lob. KI k done during most of working life, even if retired)	ND OF BUSINESS OR	11-16-1896 11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY
ation th cle	1,3	HOUSEWIFE DO	onëstic .	14. MOTHER'S MAIDEN NA	ME	J S A
BINDING of information uses of death cle	15	Edward Waltemeyer  5. WAS DECEASED EVER IN U. S. ARMED FORCES:  4. no or pubnown) (If yes, give war or dates of service)	16. SOCIAL	Mary Hasslup H	MSLITT	ESS
BIN of uses	-	18. 422,1 and 260x	NONE	ELMER HEYERS	s 13.6 Steve	INTERVAL BETWEEN
e it o		DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying,	Y -50/	2	Ci-Delangage	ONSET AND DEATH
RESERVED FINK. Every please write th		heart failure, asthenia, etc. It means the dis- injury or complication which caused de-	ease,	elmonary in		**************************************
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ING INS p	FICAT	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(c) 2.5	C.V.Q.		
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	M	CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT   NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
TE PLA especially	5	22. I hereby certify that I attended ti	he deceased from			nat I last saw the
RITE S espe		deceased alive on 2-19, 195	Ctive 2	red at <b>Tistim</b> , from the 3B. ADDRESS	4/- + 1 2:	ate stated above.  3c. DATE SIGNED  2-19-53
SE t a.,	TI	AA. BURIAL, CREMA- 24B, DATE DIN REMOVAL (Specify) DUR PIA	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, or c LTIMORE MA	ounty) (State)
PLEASE correct a	D	ATE RECEIVED BY REGISTRAR'S SIGNA DCAL REGISTRAR		25. FUNERAL DIRECTOR	AD	DRESS
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DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE

1914 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MORRIS LANDSMAN DEATH February 19.1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4613 ParkHeights Ave township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3841 ParkHeights Ave c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify)
Married last birthday) Months! Days Hours! Min. Male White 1863 10a. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Retired Bag Business WHAT COUNTRY INDUSTRY Rags IISA Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hersel Landsman Ida 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs Sara Bressler 3841 ParkHeights Ave INTERVAL BETWEEN CAUSE OF DEATH 18. 600,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK ann . 1955, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 7-6 19 1953, and that death occurred at : 15 m., from the causes and on the date stated above. 23B ADDRESS 23A. SIGNATURE . 23c DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Mickro Kodesh Cong Cemetery Burial Baltimore Md Feb 20.1953

25. FUNERAL DIRECTOR

e		53 1915  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.
supplied.	(7 3 A. B.	NAME OF DECEASED  OF DEATH:  D. PLACE OF DEATH:  D. Baltimore City, Maryland  D. FULL NAME OF (If not in hospital or institution, give street address or location)  C. C. T. FOR TOWN (If outside corporate limits, write RURAL and give street)  C. C. T. FOR TOWN (If outside corporate limits, write RURAL and give street)
should be carefully supplied early and legibly.	c.	NSTITUTION 904 Upridale (IV) Falturor (In the state of th
ation ath cl	wor	OA. USUAL OCCUPATION (Give kind of red greater)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country) WHAT COUNTRY  WHAT COUNTRY  14. MOTHER'S MAIDEN NAME
R BINDING em of inform causes of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT ADDRESS  Out of the control
ESERVED FOR INK. Every item lease write the car	ICATION	(C)
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INLY, WITH y important.	MEDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About bome, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING Note: About bome, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING NOTE: About bome, farm, factory, street, office bldg., etc.)
PLAIN cially		210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 1997, to 1997, to 1997, to 1997.
E KITE 1	2	deceased alive on
PLEASE correct ag	TI	DATE RECEIVED BY REGISTRAR'S SIGNATURE  OCAL REGISTRAR  THE THE PROPERTY OF TH
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 1919 Registered No.

UNFADING INK. Every item of information should be can ally supplied. The Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

RITE PLA Y, WITH se especially important. PLEASE correct ag

U B	IRTH NO.						
	. NAME OF D Type or Print)	ECEASED Mrs.Cat	herin <b>e</b> ]	Elgin		2. DATE OF 2/18	3/1953
A		City, Maryland	Yes		4. USUAL RESIDENCE (A. STA 陳aryland 。	Where dcceased lived. If B. COUNTY	institution ; residence before admission)
H	OSPITAL OR	Bon Secours		tion, give street address or location)		If outside corporate limit	ts, write RURAL and give township)
C	. Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (1 3117 Bancroft B		-Md.
11	.sex	6.COLOR OR RACE White	7. SINGL WIDOV WID	E. MARRIED, VED, DIVORCED (Specify) OW	8. DATE OF BIRTH 10/23/1896	9. AGE (in years last birthday) Mo	f Under 1 Year If Under 24 Hours onths Days Hours Min.
T WO	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	Housew	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Penna.	foreign country)	12. CITIZEN OF WHAT COUNTRY!
1	3. FATHER'S N		raser		14. MOTHER'S MAIDEN I	MAME Engel	
1 (Y	5. WAS DECEASE es, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Madeline E.		DDRESS
	(This does	EE OR CONDITION LEADING TO DEA' is not mean the mode core, asthenia, etc. It mea	TH of dying, e. : .ns the disca;	E., (A) CARC	NOMA of	_	INTERVAL BETWEEN ONSET AND DEATH
FICATION	DISEASES	ANTECEDENT CAUSE S OR CONDITIONS, 11 HE ABOVE CAUSE (A) (ING CONDITION LA	F ANY, GIVII STATING TI				
CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ŁD ^	HONE		
	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL. about home,	ACE OF INJURY (e. g., i farm,factory,street, office bldg.,	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUI	RY OCCUR?	
		y certify that I att live on 1-18		and that death occur			3, that I last saw the he date stated above.
2	4A. BURIAL, C	CREMA- Specify)	en	M. D.		LOCATION (City, town	
	Burial DATE RECEIVE OCAL REGIST			Cathedral	25. FUNERAL DIRECTOR	S arma	COO
	VS 150				4600 Liberty	Heights A	ve.

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- M. ernightes Committee Baltishore M.

. SVA streets Hair to Ave.

(a)	Baltimore City, Maryland	W.	6
(~)	2.20111	120	
(b)	Street address 3209 Milford	ave	
(0)	Hasnital ar institution		

(d) Length of stay in hospital or inst. (yrs., mos., or days).....

(e) Length of stay in Baltimore (yrs., mos., or days). 40 Mes

, idawed

If less than one day

3 (a) FULL NAME

3 (c) Social Security Account

Up

4. Sex 5. Color or race

6 (a) Single, married, widowed, or divorced.

information s of death cle

RESERVED

6 (b) Name of husband or wife Katherine Mein

6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) april 25, 1887

8. AGE: Years Months Davs 65

9. Birthplace 10. Usual Occupation

11. Industry or business Muchel 12. Name...

13. Birthplace 14. Maiden Name

15. Birthplace 16 (a) Informant

(b) Address 1466 Compton 1

correct age

17 (a) Burial (b) Date thereof 2-21-53 (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Woodlawn Cemetery Location Woodlawn Md

19 (a) B 1 10 C3 (b) (Date rec'd by registrar)

18 (a) Funeral director.

(c) City or town....

(If outside city or town limits, write RURAL and give town)

(If rural give location)

(e) Citizen of foreign country? If yes, name country.....

Meinhenz

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 7 el 21. I certify that death occurred on the date above stated: that lattended deceased from August 1952 to 19716

and that I last saw him alive on 187 al-Immediate cause of death

vears

(Include pregnancy within 3 months of death) Date of operation.....

Major findings of operation:

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide..... (b) Date of occurrence.....

(c) Where did injury occur?... (d) Did injury occur about home, on farm, industrial place, in public place?.....

(Specify type of place) (e) Means of injury

(City or town)

Duration

PHYSICIAN

Underline the

cause to which death should be

charged statis-

tically.

(County)

VS 150

### INSTRUCTIONS FOR MEDICAL CERTIFICATION

#### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death,

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

#### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

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BIRTH NO

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information should be can of death clearly and legible

item

UNFADING

MEDICA

1. NAME OF DECEASED

(Type or Print)

### BALTIMORE CITY HEALTH DEPARTMENT

Registered N CERTIFICATE OF DEATH 2. DATE OF DEATH

6	unan	~~~	(	5	ul	Il.			
a. PLACE OF DEATH A. Baltimore City,	i: Maryland	1	2	٥	8	J	aller	-	
B. FULL NAME OF HOSPITAL OR	(If not in hos	pital	or ins	stitu	ition	, giv		dress or ocation)	

4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. STATE (If outside corporate limits, write RURAL and give

INSTITUTION L ALL	Sustano	912	Provide A Control of the Control of
		0	Yrs.

(If rural, give location) D. STREET ADDRESS

c. Length of s	tay in Baltimore	3 4	~ 0	Mos. Days
5. SEX	6. COLOR OR RACE		MARKIED.	(Specify)

C. 02x	O. GOLON ON MAGE		DIVORCED	(Sper	
temale	White.				
10A. USUAL	OCCUPATION (Give kind of	10B. KIND	OF	BUSINESS	OR

9. AGE (In years) 8. DATE OF BIRTH last birthday) | Months | Days

work done during most of working life, even if retired)

11. BIRTHPLACE (State or foreign country) INDUSTRY

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

Hours; Min.

### 13. FATHER'S NAME

18.

6

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO 17. INFORMANT

and a

CAUSE OF DEATH

ADDRESS INTERVAL BETWEEN

#### heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

### ANTECEDENT CAUSES

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

198. MAJOR FINDINGS OF OPERATION

1993

TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION

24B.

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c, WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

CAUSE OF		KIBUTI	NG	about
21D. TIME	(Month)	(Day)	(Year)	(Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

NOT WHILE AT WORK WORK

1923, that I last saw the _m., from the causes and on the date stated above.

deceased alive on TRO 23A, SIGNATURE

22. I hereby certify that I attended the deceased from_ and that death occurred at 2

23c. DATE SIGNED 23B. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY

25 FUNERAL DIRECTOR

24A.	BURIAL.	CRE
NOI	REMOVAL (	Spec

24D. LOCATION (City, town, or county)

		-	-	_
DATE	DE	CELL	/ED	-
DATE	KE	CEIN	/EU	В.
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ADDRESS

## BALTIMORE CITY

53 1922

	IRTH NO.	CERTIFICATE	E OF DEATH	Registered No.	
1	NAME OF DECEASED			2. DATE 197-	et 1983
	Type or Print) hang D. h	eata		DEATH 3.15	P. h
	Baltimore City, Maryland 1260	Valley 4-	4. USUAL RESIDENCE (W	Where deceased lived. If inst	itution: residence before admission)
	FULL NAME OF (If not in hospital or instituti	on, give stree address or location)	mar	yland	-t- DIIDAE - J
	ISTITUTION S. +10	9 15	c. CITY OR TOWN (If	outside corporate limits, w	township)
-	/ // Salar	Yrs.	D. STREET ADDRESS (If	rural, give location)	- 5
С	Length of stay in Baltimore	Mos. Days	1200 Valley	St	
5	SEX 6. COLOR OR RACE 7. SHADLE WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	
	emal White		5 Jan 1862	90	
wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. ByRTHPLACE (State or fo	oreign country)   12.	. CITIZEN OF WHAT COUNTRY?
1:	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	James molloy		6 et homie	ly orman	
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES s, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
_		OECONITI NO.	Little Siste	of I har	10
	18. 443× 1	CAUSE	OF DEATH	0	INTERVAL BETWEEN
	DISTANCE OR CONDITION DIRECTLY LEADING TO DEATH	7/11/21	Touris Cardia ?	Sancilai Dina.	11111 -
	(This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease	e, //	unique curque o	windywill	192
	Injury or complication which caused death.	DUE TO	01		50
7	ANTECEDENT CAUSES	(B) Ch	leur Deler	oses	TELSI
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH	G DUE TO		***************************************	()
A	UNDERLYING CONDITION LAST.	(C)		***************************************	
FI					40, 30, 40
RT	OTHER SIGNIFICANT CONDITIONS CON				
S	TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	r			
AL	19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDICAL		CE OF INJURY (e. g., in arm, factory, street, office hldg., e		If in Baltimore City, give	exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended the	deceased from 7	06-1- , 1953, to 71	eb 19-, 1963, ti	hat I last saw the
	deceased alive on 100 19-, 1953.	and that death occur	red at 3 BP m., from t		
	1 234 SIGNATURE // // - /	0 0 (1)	38. AUDRESS /	1 2	3C DATE SIGNED

23A. SIGNATURE M. D 24B. DATE

23B. ADDRESS 16318-1

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY

REGISTRAR'S SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY 0

25 FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

(State)

PLEASE,

correct

ADDRESS

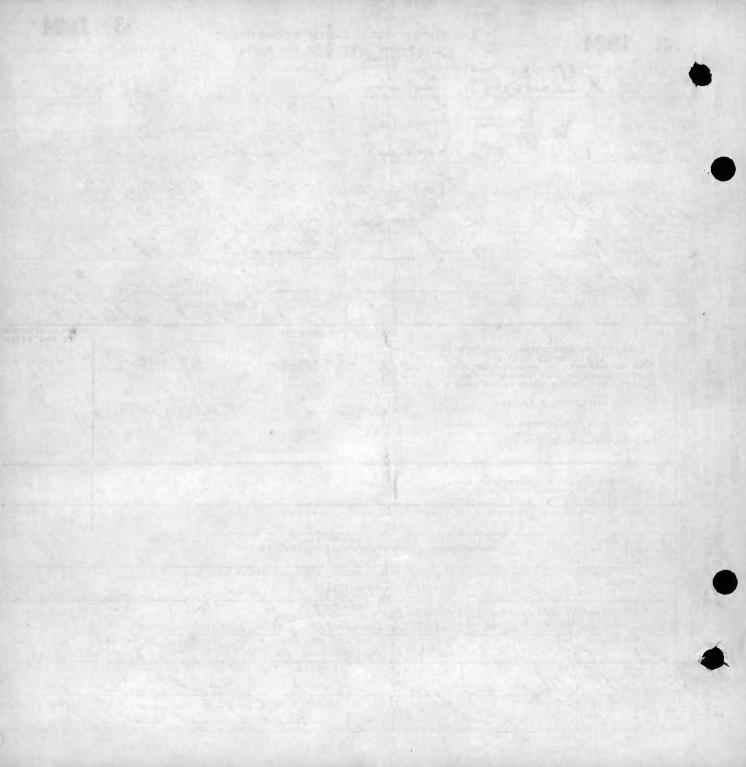
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### BALTIMORE CITY HEALTH DEPARTMENT

e		RTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
F		NAME OF DECEASED	1: 11 -	7	12 DATE - N	,
_:		ype or Print)	ille I	6821	2. DATE OF	-19-1953
supplied	2	PLACE OF DEATH:	A TOTAL	* USUAL RESIDENCE	Where descreed lived If it	11/22
ldc	A.	Baltimore City, Maryland 2332)	Harrande Co	A. STATE	B. COUNTY	before admission)
ns		FULL NAME OF (If not in hospital or institu	ution, give street address or	Md.		
<b>A</b>		STITUTION	location)		If outside corporate limits,	
5	1114	sillotton		Ballo	12-	township)
org	-		HA Yrs.	D. STREET ADDRESS/ (I	Aural (Ne location)	
car		T416 -4 ! T-14!	Mos.	22337/	harles	A-
		Length of stay in Baltimore	Days	10000		
nd l	٥.		MARNIED.	8. DATE OF BIRTH	9. AGE (in years lit last birthday) Mon	Inder 1 Year   If Under 24 Hours ths: Days   Hours   Min.
should be		M. K.	worked	1 22-1895	77	
sho	10	A. USUA: OCCUPATION (Givekindof 10B. KIN	ID OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
lea	WOL	done during most of working life, even if retired)	INDUSTRY	12/1/2	7111	WHAT COUNTRY
ior	13	FATHER'S NAME	1.10	14 MOTHER'S MAIDEN		- coal
ath	13	7/-		14. MOTHER'S MAIDEN	MAME	, , /
de		Inomes X	KESE	1/ovella	- Nancy	
information s of death cl		. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unkpown) (If yee, give war or dates of service)	16. SOCIAL	17 UNFORMANT	1-10 /AD	DRESS INA
ir S	(16	(11 yes, give war or dates of service)	SEQURITY NO.	Min baket	Talker 2.	321 Horale
em of			1 1/2 100	All the state of t	77	
y item		18.481X 1	CAUSE	OF DEATH		INTERVAL BETWEN
ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				101.1
ery te th		(This does not mean the mode of dving, e.	g., (A) 9 m	una		4 days
Ever		heart failure, asthenia, etc. It means the dises injury or complication which caused dear	ase,	0		
Ev		and the second s				0
		ANTECEDENT CAUSES	Minaul	a Brouslitis &	5.10.	2
INK.	Z O	DISEASES OR CONDITIONS, IF ANY, GIV	(B)	e (visuseurus g	confequence	
Hald	H	RISE TO THE ABOVE CAUSE (A) STATING	THE DUE TO	- 11	1	77
Z ::	<	UNDERLYING CONDITION LAST.	(G) Carde	· Vasaulau o	weave.	_
ans	FIC					
UNFADING Physicians:	RTIF	II.				
YS	ER	OTHER SIGNIFICANT CONDITIONS CO	ON•			
P4	5	TO THE DISEASE OR CONDITION CAUSING	ІТ.			
H	_1	19A. DATE OF OPERATION   19B. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
it I	4					YES NO
, WIT	DIC	21A. ACCIDENT WAS UNDER- 21B. PL	ACE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore City, gi	ve exact location)
000	Ш	LYING OR CONTRIBUTING about home	e, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	-	
E	Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	RED 21F. HOW DID INJUI	AV OCCUP?	
		OF INJURY			TT OCCORT	
A II		m.	WHILE AT NOT WHILE			
FE PLAI especially		22. I hereby certify that I attended th	a desagged from 2	11 lle 1959 to A	10 4 10 4	that I last saw the
E de				rred at 2 30 Am., from		
TE				23B. ADDRESS	the causes and on the	
		23A. SIGNATURE	0	23B. ADDRESS	G-04 5.0	23C. DATE SIGNED
A SO		Toursige Ta. G.L	4. D. 18	mor and in any	HOUSE IT, MAL	200-14113
SE t ag	110	A. BURIAL, CREMA- 24 DATE	24c. NAME OF CEMETE	HY OR CHEMATORY 240	LOCATION (City, town, o	or county) (State)
AS		June 41 23 195	3 ovad	on lack 1	sello 11	//
PLEAS	D	ATE RECEIVED BY   REGISTRAR'S SIGNAT	URE TO A	25 FUNERAL DIRECTOR	11	ADDRESS,
I CO		CAL REGISTRAR	5 4 111 19	1	12 FE 3331	W/1/1/10/

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MARGIN RESERVED FOR BINDING

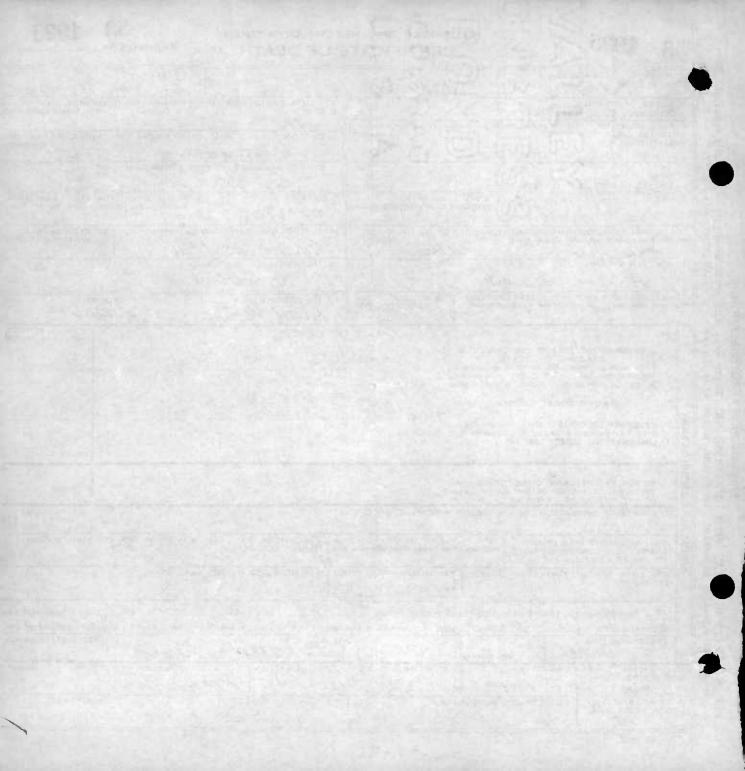


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BALTIMOR	E	CITY	HEA	LTH	DEPA	RTMEN	1
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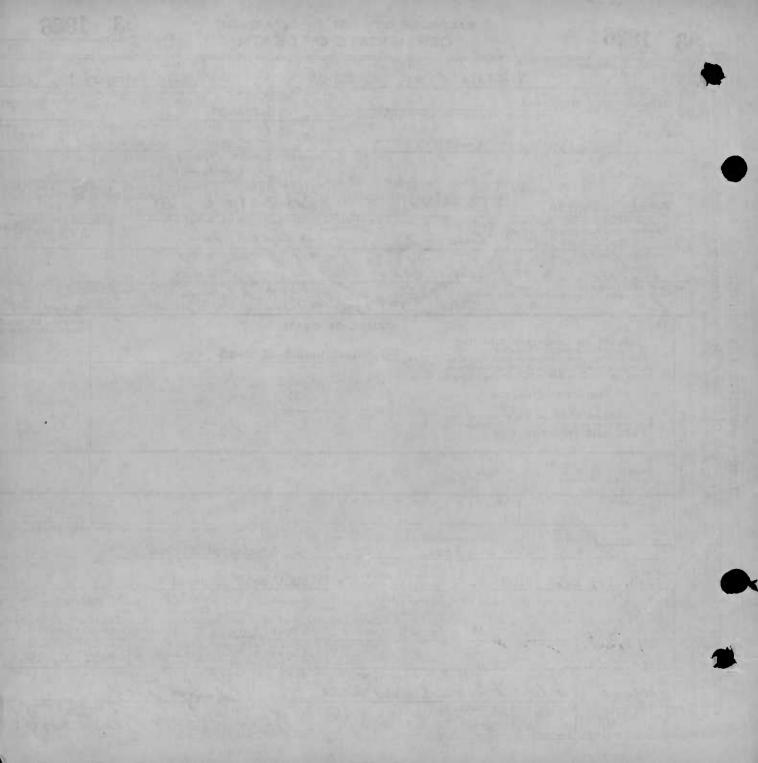
53 Registered No. 1925

		E OF DEATH Registered No.
11	1. NAME OF DECEASED	2. DATE
	(Type or Print) MAR GOALGT VODORS KY	OF TEB. 18, 1953
	3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
	SOUTH BALTIMORE (FED . HOSPITAL.	BALTIMORE 22-01 township)
	Yrs.	D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore Mos. Days	GE YORK ST
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Year   If Under 24 Hours
	FOMALE WHITE MARRIED (Specify)	9/22/05 47
	10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSEWORK HOME	BALTIMORE, MD
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HOWARD GIBSON	UNKNOWN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnhnowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
		ALEK VODURSKY GEYORK ST.
	18. 443X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	EZRAL THEOM BOSIS 16 DAYS
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	- STAR INICOM BOSIS 10 DATS
	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES HYPER	O LUAS CULAR DISEASE 3 YEARS
	DISEASES OR CONDITIONS, IF ANY, GIVING	D LUAS CULAR DISEASE , TEMPS
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
	(C)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
	OTHER SIGNIFICANT CONDITIONS CON-	
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., i	io or 21C. WHERE DID (If in Baltimore City, give exact location)
	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING blody, street, office bldg.,	
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
	OF INJURY  WHILE AT NOT WHILE  M. WORK AT WORK	
	22. I hereby certify that I attended the deceased from I	6. 11 , 1953, to FLB. 18, 1953, that I last saw the
	deceased alive on 100. 8 10.53 and that death occur	rred at 1:09 P.m., from the causes and on the date stated above.
	23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
	W.W.Conway M.D.	touth ballo Tent Hoop
C	24A. BURIAL, CREMA- 24B. DATE   2AC. NAME OF CEMETE	
	BURIAL 2/21/53 CEDAR H	YILL RITCHE HOWY
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
	LOCAL REGISTRAR	- MULL F. DENNY, INC 71546HT ST.

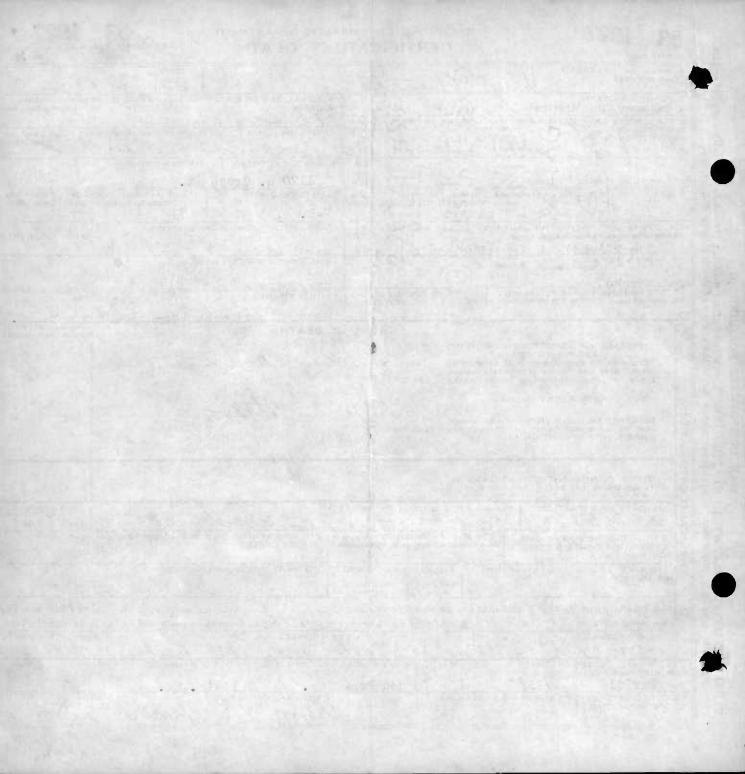
1925



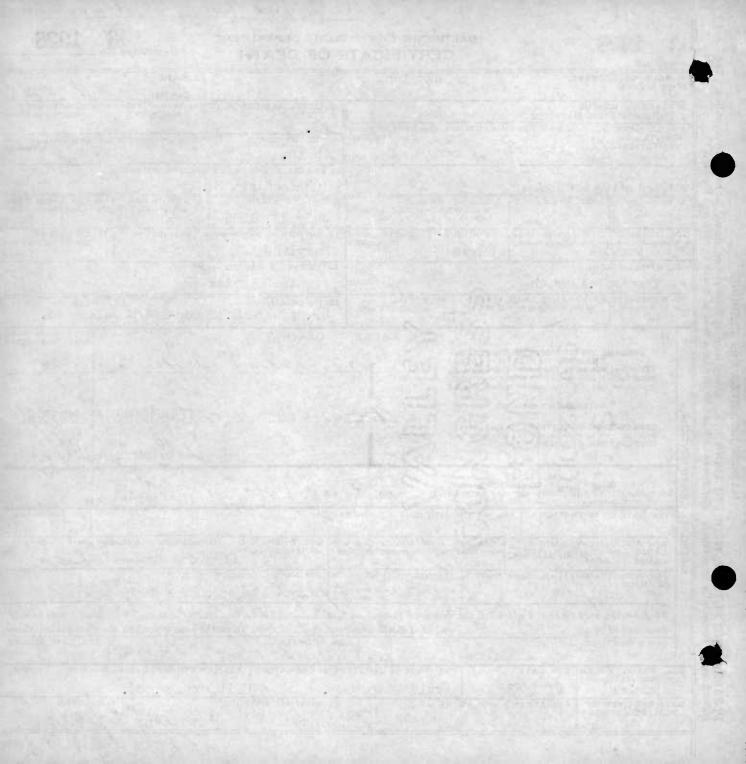
1926 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF VIRGINIA ANNE PRETTYMAN DEATH February 19, supplied 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland B. FULL NAME OF If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION carefully Baltimore 422 Lyndhurst Street and legibly. D. STREET ADDRESS (If rural, give location) Mos. 422 Lyndhurst Street c. Length of stay in Baltimore Days 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED.
WHOOWED, DIVORCED (Specify) If Under 1 Year 8. DATE OF BIRTH last birthday) Months Days Hours Min. White Female should 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) WHAT COUNT clearly INDUSTRY work done during most of working life, even if retired) mographo information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15 AWAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 4DDRESS SECURITY NO (If yes, give war or dates of service) (Yes, no or unknown) 0of INTERVAL BETWEEN CAUSE OF DEATH Every item write the cau ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of head (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. [1] U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X INDORTH (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 422 Lyndhurst Street Home 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Feb. 19. NOT WHILE RITE PLAIN is especially i WHILE AT 1953 Shot self in head 5:00 Pm. WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident  $\square$ , suicide  $\boxtimes$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER Feb. 20. 1953 MEDICAL INVESTIGATOR PLEASE 24B. 001 24c. NAME OF CENETERY OR CREMATORY 240-LOCATION (City, town, or county) BURIAL, CREMA-TION REMOVAL (Specify) DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 151



M	=	2.2-0			
	r	53 1927		Y HEALTH DEPARTMENT	Signature Signature 53 1927 Registered No.
The	В	IRTH NO.	CERTIFIC	CATE OF DEATH	Registered No.
	1.	NAME OF DECEASED (Type or Print)	de Meset	e	2. DATE OF DEATH 2-18-53
fully supplied ly.		PLACE OF DEATH: Baltimore City, Maryland	Siriai Hoo	A STATE	Where deceased lived. If institution: residence B. COUNTY before admission
sa	H	OSPITAL OR	spital or institution, give street 10	ress or c. CITX OR TOWN (I	f outside corporate limits, write RURAL and giv
ully.	17	Linai ) Loso tal	Daltimore -	Inc Baltin	are 21-0 Limship
e ful legibly.		42	11000	Yrs. D. STREET ADDRESS (I	f rural, give location)
leg		Length of stay in Baltimore		Mos. Days 1120 W. Cross	
should be	5.	SEX 6. COKOR OR RAC	7. SINGLE, MARRIED, WIDOWED, DIVORCED ( Single	Specify) B. DATE OF BIRTH Feb. 4, 1880	9. AGE (in years last birthday) Months: Days Hours Min.
shoul	Worl	DA. USUAL OCCUPATION (Give kink k done during most of working life, even if retire			foreign country)   12. CITIZEN OF WHAT COUNTRY
	ri'	le Clerk (rtd)	Wholesale Drug	s Maryland	
NG rmati death	13	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	JAME
	Tre	ed Meseke 5. WAS DECEASED EVER IN U. S. ARI	NED FORGER 1 10 GOGINI	Mary Berg	
NDI infe	(Ye	s, no or unknown) (If yes, give war or d	MED FORCES? 16. SOCIAL SECURITY		ADDRESS
R BIN em of i causes	10	18. 1514	CAL	JSE OF BEATH	Swoke - 5300 Traymore Rd.
		DISEASE OR CONDITIO		A THEATH	ONSET AND DEAT
t to		(This does not mean the mod	EATH le of dying, e.g., (A)	Perstonell	
Every write the		heart failure, asthonia, etc. It n injury or complication which	neans the disease,		
124		ANTECEDENT CA	USES	The state	ne h
ESE INK.	Z	DISEASES OR CONDITIONS	S. IF ANY, GIVING	a of prom	oen.
G I pl	ATIC	RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION	A) STATING THE DUE TO		
ARGIN'ADING	ū		(C)		
MARGIN UNFADING Physicians:	RTIF	OTHER SIGNIFICANT CON	IDITIONS CON		THE WEST STATES
M/ INF	Ш	TRIBUTING TO THE DEATH, BE	UT NOT RELATED		
	U	19A. DATE OF OPERATION 2		OPERATION	1 20. AUTOPSY?
WITH rtant.	CAI	2/5/53	Ca of Sto	mach - jas	West my of DVES NO L
LY, WITI	MEDI	21a. ACCIPENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	about home farm, factory, street, office	(e. g., in or 21C. WHERE DID 100 bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give texact location)
	-	21D. TIME (Month) (Day) (Ye OF INJURY			Y OCCUR?
ially				WORK	
RITE PI is especi		22. I hereby certify that I	attended the deceased from	19, to	, 19, that I last saw th
ITE		deceased alive on 2//	18, 19 53; and that death	oecurred at 9 - P.m., from	the causes and on the date stated above
R. is		Horuse (1).	Dern Kon "	D. Lingi H	ospital 2/19/53
1	24	A. BURIAL, CREMA- 24B, DATI ON, REMOVAL (Specify)	E 24C. NAME OF CE	METERY OR CREMATORY 24D.	LOCATION (City, town, or county) (State)
AS			53 Loudon	Park Cem. Bal	tol.Md.
PLEAS	D.	ATE RECEIVED BY REGISTRA	AR'S SIGNATURE	25. FUNERAL DIRECTOR	in land ADDRESS
що		EE 9 0 11059 17w	utinglower interasts	M. J.	revenue / xivo
		VS 150			Kapto 12 Mad.
	1		3	9061	Davu 11, 1100



BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE MOYGUETIT (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Balto. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 108 Woodlawn Rd. c. Length of stay in Baltimore Days ion should be 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) July 13. 1894 10A. USUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
HOUSEWITE INDUSTRY WHAT COUNTRY? at home Maryland information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas B.Aldrich Fannie DeLucius 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Mr. Edward H. Coper-108 Woodlawn Rd. no INTERVAL BETWEEN CAUSE OF DEATH 2011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myocardial Infarction (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HeartERTAPICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-Fracture- Lest TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home farm, CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE , 1953 , to 22. I hereby bertify that I attended the deceased from 2- 16 1953 that I last saw the , 19 53, and that death occurred at 7:00 pm., from the causes and on the date stated above, deceased alive on 2 -23A. SIGNATURE UNIVEYSITY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) Burial Druid Ridge Cem. Pikesville, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR V\$ 150 N \$20.0



MARGIN RESERVED FOR BINDING	RITE PLA Y, WITH UNFADING INK. Every item of inform is especially important. Physicians: please write the causes of dea
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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

3	?	300		EALTH DEPARTMENT	Registered No.	1929
e Y	BI	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
	(T	NAME OF DECEASED	re Kelley	Reid 4. USUAL RESIDENCE (V	2. DATE OF DEATH Feb	19,1953
ıddn	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in	U	A. STATE	B. COUNTY	before admission)
ally supplied y.	H	ospital or institution 625 Take	Res A location)		outside corporate limits, w	rit RURAL and give downship)
legibly.	c.	Length of stay in Baltimore 2	Yrs. Mos. Days	625 Like	rural, give location	
and	_	SEX   6. COLOR OR RACE   7. SI	NOLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH  Oct 28, 1900	9. AGE (In years li Und last birthday) Month	er 1 Year It Under 24 Hours Ain.
clearly		OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)   12	CITIZEN OF WHAT COUNTRY?
rmatic	13	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME C	./
of de	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORC (If yes, give war nr dates nf servi		17. INFORMANT	ADD	RESS
ses		10		OF DEATH	625 Pelch	EL ST.
ne lite		DISEASE OR CONDITION DIRECT	TLY XS	1 V		ONSET AND DEATH
Every write th	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
P	z	ANTECEDENT CAUSES	(B) C	en Venn	en dren	Thirte
c INK.	FICATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATII UNDERLYING CONDITION LAST.	NG THE DUE TO			
UNFADING Physicians: I	IFIC		(C)			
Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED			
et .	AL C		AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
important.	IEDIC		B. PLACE OF INJURY (e. g., i home, farm, factory, street, nffice bldg.,		If in Baltimore City, give	e exact location)
ally im	N	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	WHILE AT NOT WHILE		Y OCCUR?	
Pecia		22. I hereby certify that I attended the deceased from 19 19 to 19, 193 that I last saw the				
is especia		deceased alive on, 19	and that death occur	rred at, from t	he causes and on the	date stated above.
	2.	4A. BURIAL, CREMA, 246, DATE	M. D.	RY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
PLEASE correct a	TH	ON, REMOVAL (Specify) Feb 22/93	3 arbuto	is 5	ml	
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR  ADDRESS LOCAL REGISTRAR  ADDRESS					
	-	VS 150		7777		

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V S 151

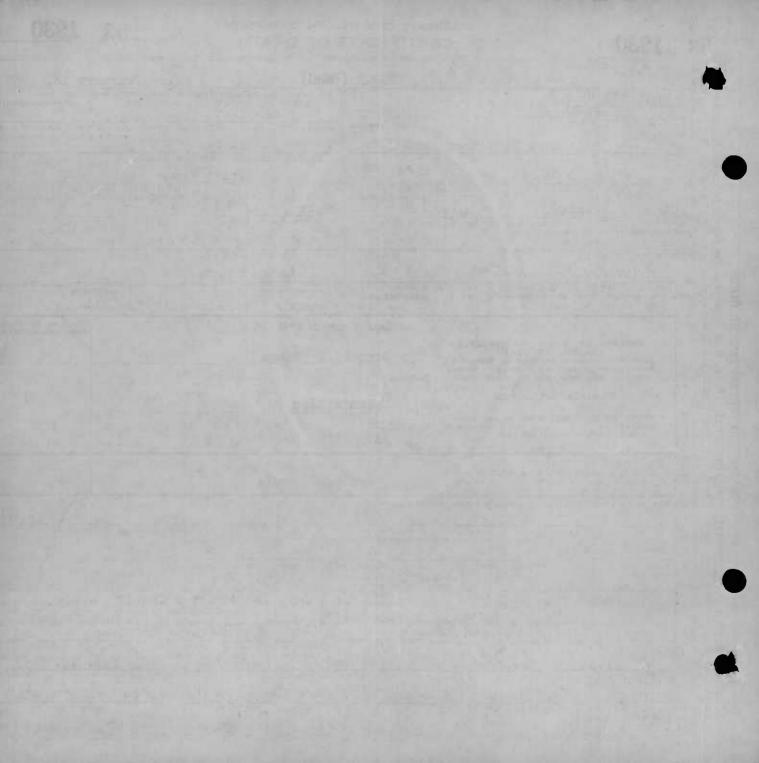
2		60	2	-	0
V	.5	A.	1	9	30

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 3 1930

pel Bro. 1800 ELOMBAN

1.	NAME_OF_DECEASED	2. DATE	
()	Type or Print) FRANK BERGE	(BERG) OF DEATH Februs	ry 18, 1953
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If instance a. STATE B. COUNTY	
H	FULL NAME OF If not in hospital or institution, give street address of OSPITAL OR location NSTITUTION		r te URAL and give
	Baltimore City Morgue	Baltimore	township)
	I ength of stay in Politimans LIF6 Mos.	D. STREET ADDRESS (If rural, give location)	
11	. Deligiti of stay in Battimore Days	48 Market Place	
	Male White 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	JULY 10 1893   last birthday) Month	s Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	FRANK T. BERG.	EMILY M. WEST.	
15 (Y)	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	RESS
(-)	NO - 215-03-2909	EMMAE POCOCK 1435 W LO	MBARD ST
	18. 241 × and 322.2 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		OKSET AND BEATH
	(This does not mean the mode of dying, e.g., (A) Bronce	hial asthma	* ~
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	ANTECEDENT CAUSES		
7	(8)	trition	
ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE		
AT	UNDERLYING CONDITION LAST. (C) Alcoh	olism	
TIFICATION	11		
E	OTHER SIGNIFICANT CONDITIONS CON-		
ER	TO THE DISEASE OR CONDITION CAUSING IT.		
U.	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
AL	214 FYTERNAL CAUSE WAS   218. PLACE OF INJURY (e.g.,	in or   21c. WHERE DID (If in Baltimore City, give	exact location)
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY		
	m. WHILE AT NOT WHILE AT WORK		
	22. I certify that I took charge of the remains described of	above, held an Inspection & Inquiry	hereon and from
	the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry	
	and doath in my opinion resulted from: natural cause	s X, accident $\square$ , suicide $\square$ , homicide $\square$ , und	etermined .
	23a. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23C.	. 19. 1953
	4A. BURIAL, CREMA- 24B. DATE 124C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or	
1	ON. REMOVAL (Specify) BURIAL FEB 21 1953 SWARTZ	CEMETERY O'DONNELL	ST MD
	ATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS



BALTIMORE CITY HEALTH DEPARTMENT 1931 Registered N CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE William Norman Sale ally supplied 2-18-53 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR U.S. PHs Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore 11. Md. legibly. Channelview o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs should be 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. Male White Div. May 13, 1903 10A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Able bodied seaman Seafaring Minn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cliss Sale Marie Carroll 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. causes of No Records, US PHS Hospital, Balto., Md. 3-09-675/1 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., 2 wks. Lobar pneumonia, right heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED  $\overline{0}$ TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important, YES X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? RITE PLA especially OF INJURY NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from 2-17-53, 19, to Feb. 18, 1953, that I last saw the deceased alive on Feb. 18, 1853, and that death occurred at 3:12A m., from the causes and on the date stated above. .. 1953, that I last saw the 23A. SIGNATURE 23B. ADDRESS un. Med. Dir. Clinical USPHS Hospital, Balto., J.A. Hunter. Di. B. 24A. BURIAL. CREW 24c. NAME OF CEMETERY OR C 240. LOCATION (City_town, or county) Kemowal DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR untington VS 150

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## CERTIFICATE OF DEATH

Registered 53 1932

1. NAME OF DECEASED 2. DATE (Type or Print) fully supplied HARRY W. HASTINGS DEATH February 19. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland C. CITY OR TOWN (If outside corporate limits/write RURAL and give INSTITUTION Union Memorial Hospital township) Baltimore and legibly D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 4632 York Road Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. should male white October 6, 1874 married information shous 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Ret. Tax Assessor Baltimore City Dorchester County, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilhelmina Bramble Wilmer Hastings 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or onknown) (If yes, give war or dates of service)

yes Spanish American 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. Mrs. Grace R. Hastings, 4632 York Road causes none of NTERVAL BETWEEN item 2011 CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY MYO CARDIAL INFARCTION LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, GENERAL ARTERIOSCLEROSIS 5 injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING UNFADING |
Physicians: pl RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. SENILITY 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ONE important. ND X EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE / (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? RITE PLAN. OF INJURY NOT WHILE WHILE AT Orfor, 19 KP to deling 19, 1913, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 31, 1953, and that death occurred at 10. A. m., from the causes and on the date stated above. 234. DATE SHONED 23A. SIGNATURE 23B. ADDRESS Jeb 19 x 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) PLEASE Baltimore County. Lorraine Park Mausoleum Maryland burial REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR 1217 St. Paul Street

THE RESERVE OF THE PARTY OF THE 

BALTIMORE CITY HEALTH DEPARTMENT Registered 53 1933 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF ally supplied DEATH /18/1953 RICHARD JOSEPH WASHINGTON 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1219 W.LANVALE STREET INSTITUTION township) BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. 40 YRS. 1219 W. LANVALE ST. c. Length of stay in Baltimore Days information should be 9. AGE (In years of Under ) Year of Under 24 Hours of Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) 1/2/1890 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY CONSTRUCTION WASHINGTON, D.C. HODCARRIER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CARRIE HENRY WASHINGTON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 1219 W.LAMHALE ST. 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) 14-01-1776 MARGARET MARIE L. WASHINGTON NONE NO INTERVAL BETWEEN 18. 241 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) write DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION_ 20. AUTOPSY important. 21c. WHERE DID 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 24E_INJURY OCCURRED 21F, HOW DID INJURY OCCUR? especially NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from ., that I last saw the deceased alive one and that death occurred ats m., from the causes and on the date stated above, 23A SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY BALTO. COUNTY. MD. 2/21/53

PLEAS BURIAL LOCAL REGISTRAR

VS 150

ARBUTUS MEM'L PK.

CHAS. G. COOPER-512 CARROLLTON AV. DATE RECEIVED BY REGISTRAR'S SIGNATURE

ENDENBINE SHARRY STAVEALL M. GEST THE SEARCHAIL . A SERE . The Contract of the Contract THE PROPERTY OF . . contribute a territorial and the contribution of the contribution 7 757 344 By for here were There have I follow 621.31.26.25 5 472/7 - 4 5/2/3/ and addition of the house of the states and desired the The state of the s . VA . MOTO TOWN TO SEE - EXCORD . AN . EXCEPTION 74 9018

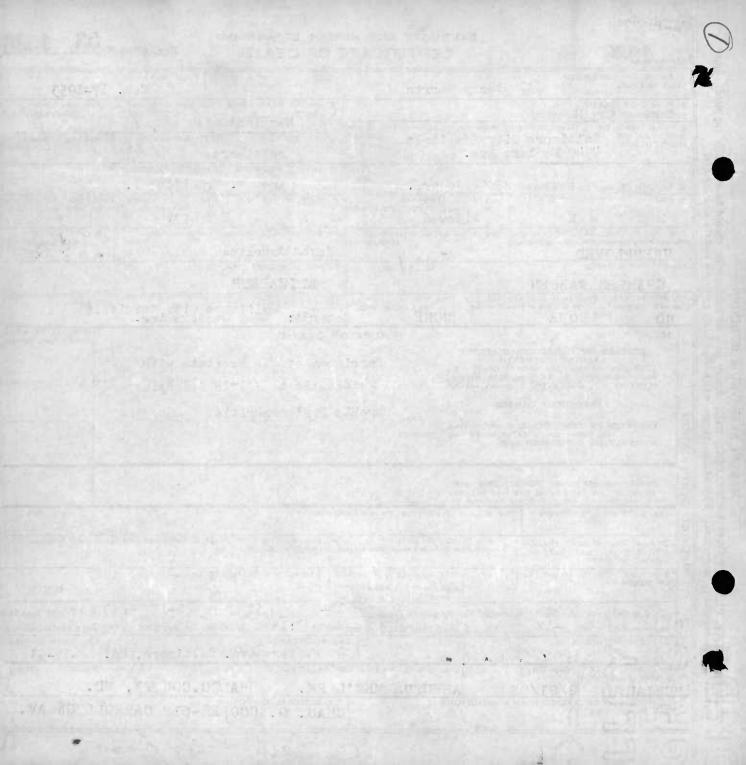
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## BALTIMORE CITY HEALTH DEPARTMENT

Whee .	3	в <b>-16813</b> 3 Івтн <b>1</b> 93	6		EALTH DEPARTMENT E OF DEATH	Registered I	53 1936		
pe .	1. (T	NAME OF E	ECEASED	Jerry Warren		OF DEATH Feb.	17-1953		
uppli	Α.	Baltimore of the Full NAME	City, Maryland	al or institution, give street address o	4. USUAL RESIDENCE (WA. STATE Maryland				
ally supplied.	H	OSPITAL OR		ity Hospitals location)		outside comporate limit	s, write RIVRAB and give township)		
calegibi	c.	Length of s	tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location) ranklin St.			
uld be	5.	SEX M	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Widowed	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.		
shou	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  UNEMPLOYED  13. FATHER'S NAME				11. BIRTHPLACE (State or for North Carolina	preign country)	12. CITIZEN OF WHAY COUNTRY?		
MARGIN RESERVED FOR BINDING UNFADING INK. Every item of information should be c. Physicians: please write the causes of death clearly and legibly.				•	14. MOTHER'S MAIDEN NAME		u wruc		
	CHARLES WARREN				ELIZABETH				
	15 (Ye	NO	ED EVER IN U. S. ARMED (If yes, give war or dates NONE	FORCES? 16. SOCIAL SECURITY NO. NONE	Records: 4940 Eastern Ave.				
	RTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEAT a not mean the mode o ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	if dying, e. g., ns the disease, aused death.)  EES  FANY, GIVING STATING THE ST. (C)	inoma of the Prost astasis to Pelvis ic Pyelonephritis	******************************			
MA UNF Phys	CER	TO THE D	TO THE DEATH, BUT	NOT RELATED	RATION		20. AUTOPSY?		
Y, WITH important.	ICAL		DENT WAS UNDER-	21B. PLACE OF INJURY (e. g.,	in or   21c. WHERE DID (I	If in Baltimore City,	YES NO		
Y, Inpor	MEDI		R CONTRIBUTING [	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?				
ally in		21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURE  MHILE AT NOT WHILE  MORK AT WORK	:	Y OCCUR?			
RITE PL is especia		22. I herel	y certify that I att live on 2-17	ended the deceased from	10-3, 1952, to rred at 2:152m., from t	<b>2-17</b> , 19 5 he causes and on t	that I last saw the he date stated above.		
RIT		23a. SIGNA	H.C. So	Heres Odes M.D. H	238. ADDRESS 940 Eastern Ave. I				
SE t ag	11 .	4A. BURIAL. ON, REMOVAL (S			ERY OR CREMATORY 24D. L	O. COUNTY,			
PLEASE correct a		ATE RECEIVE	2/21/53 D BY   REGISTRAR	ARBUTUS MEM	25. FUNERAL DIRECTOR	O.GOONTI,			
PI		OCAL REGIST		Latin a	CHAS. G. COOPE	R-512 CARR	OLLTON AV.		

VS 150



PLEASE correct a

5	45 3 1938 RTH NO.	BALTIMORE CITY HE		Registered 1	53 1938
1.	NAME OF DECEASED	3 01 2 0 7:		2. DATE OF	
	PLACE OF DEATH: Baltimore City, Maryland	d, Charles Corneli	4. USUAL RESIDENCE (W	here deceased fived. If	institution: residence before admission)
В.	FULL NAME OF (If not in hospital or	r institution, give street address or location)	Maryland	i	
(a)K	DEPITAL OR CONTROL OF TAX			1 /	ts, write If the L and give township)
	5t. Jos	Yrs.	D. STREET ADDRESS (If:		
	Length of stay in Baltimore	Mos. Days	2523 Har 8. DATE OF BIRTH	milton Avenu	9
5.	M. W.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	Aug. 15-1880	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours on the Days Hours Min.
10. work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	DB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		Marylar 14. MOTHER'S MAIDEN NA	nd	
6	ARROLL FROOL	and	EdNA Elizab		coles
15 (Yes	. WAS DECEASED EVER IN U, S. ARMED FO., no or unknown) (If yes, give war or dates of	DRCES? 16. SOCIAL service) SECURITY NO.	17. INFORMANT		DDRESS 5410
			MR. PRESION	FREELAND	· HAMIET
	DISEASE OR CONDITION DIF LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means t injury or complication which cause	ying, e. g., (A) Cor	onary Occlusion		ONSET AND DEATH
	ANTECEDENT CAUSES	Myr	ocardial Infarcti	on	
O N	DISEASES OR CONDITIONS, IF AN	NY, GIVING	ocardial Infactor	O11	
AT	UNDERLYING CONDITION LAST.			***************************************	
CERTIFICATION	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	T RELATED AUSING IT.			
AL	19a. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		21B. PLACE OF INJURY (e. g., in bout home, farm, factory, street, office bldg., e		f in Baltimore City,	give exact location)
Σ	2 ID. TIME (Month) (Day) (Year) (He OF INJURY	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attend		pruary 1, 1953 to Feb	ruary 20 195	3. that I last sam the
	deceased alive on Feb. 20, 1				
	23A. SIGNATURE		38. ADDRESS		Feb. 20. 153
24	A BUDIAL CREMA- SAR DATE		BY OR CREMATORY 240 LO		

ty) S3 Parkwood CEM. TION, REMOVAL (Specify) Buria

MO 25, FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR

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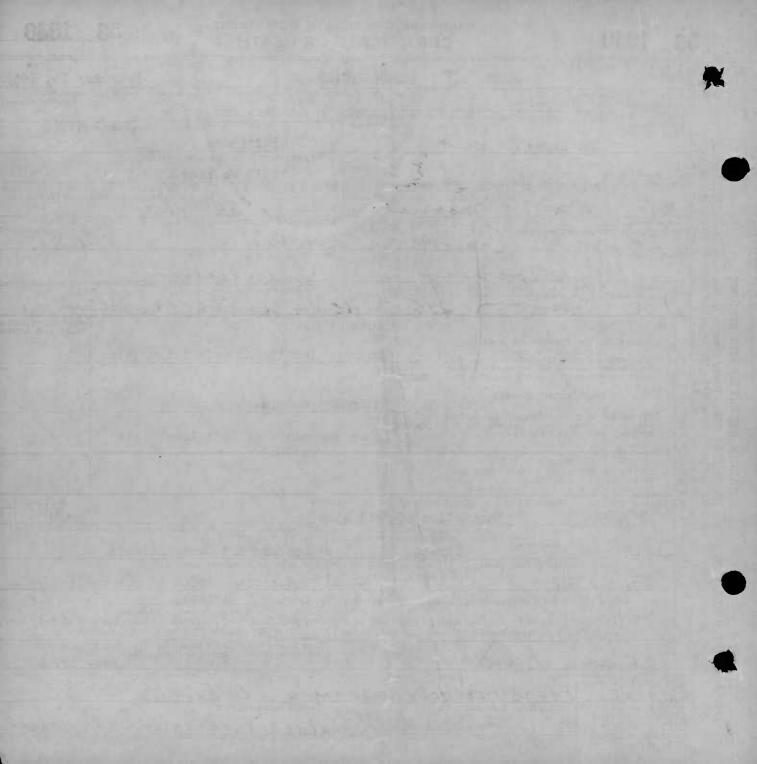
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PLEASE correct a

## BALTIMORE CITY HEALTH DEPARTMENT

53 1939

BI	RTH NO.			CERTIFICAT	E OF DEAT	H Reg	istered No.	
1. (T	NAME OF D ype or Print)	TRANCE	S C.	RIGGIN F	rances C.F	2. DATE OF OF DEATH	2-1	8-53
Α.		City, Maryland	Balti	more, Md	4. USUAL RESID	ENCE (Where decease	ed lived. If insti DUNTY	tution: residence before admission)
II но	FULL NAME OSPITAL OR STITUTION	Poetors	tal or institut	tion, give street address or location)	c. CITY OR TOWN		ografe limits, wr	ite KU) Al and give
	11		T .	Yrs. Mos.		SS (If rural, give lo		
	Length of s	tay in Baltimore		Days  E (MARRIED)  VED, DIVORCED (Specify)	8. DATE OF BIRTH	Charles S		1 Year   If Under 24 Hours
	F	w	WIDOW	VED, DIVORCED (Specify)	Jan. 10,19	14 39 last bir	thday) Months	Days Hours Min.
work	done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	Bal	State or foreign count		CITIZEN OF WHAT COUNTRY!
	USAGE T		DCADOL	Prburg-Kurdl	14. MOTHER'S MA		10	.o.a.
	Ulr	ich Mengele		100	Mary S	chmidt.		V
		ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS
-	18. 24	none			John V. Ri	ggin 1437	S. Char	TOS ST
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						8 olay	
CERT	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D Dwans	cheal p.	neumon	ua)	6 days
7	19A. DATE C	OF OPERATION	19в. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
1EDICAL		DENT WAS UNDER. R CONTRIBUTING DEATH	21B. PL.	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE D	OID (If in Baltim	ore City, give	
~	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY OCCUR?		
	dcccased a	y certify that I at live on		deccased from A and that death occur	- 195 rred at 2 A.m.	I to 2 - /s , from the causes	and on the d	
		reent Mi	ness	une M.D.	14035.C	harles S.	1 0	- 18 - 5
24 TU	a. BURIAL.	CREMA 248. DATE Feb.21		24c. NAME OF CEMETE New Cathedra		Old Trede		
D.	TE RECEIVE PEAL REGIST LEB 20	D BY REGISTRAR	'S SIGNATI	JRE	KRAUSE PU	NERAL HOME	AD	DRESS
	VS 150	6		0 1/	11111			(30)



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CERTIFICATE OF DEATH	Registered No.
BALTIMORE CITY HEALTH DEPARTMENT	53

1941

BIRTH NO.	#.L		CERTIFICATI	E OF DEATH	2008.500104 110	
1. NAME OF D (Type or Print)	Alfred De	nison,	Alfred Denson		2. DATE OF DEAT 2-19-53	
B. FULL NAME HOSPITAL OR INSTITUTION	City, Maryland		ion, give street address or <b>Spitals</b> ocation)	4. USUAL RESIDENCE (VA. STATE Md. C. CITY OR TOWN (III Baltinore	Where deceased lived, If in B. COUNTY  outside cofpdrate libits,	200
c. Length of s	stay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (If 3314 Strickle	rural, give location) and St. (B. C.	H. Infirm.
5. SEX Male	6. COLOR OR RACE	7. SINGLE	E, MARRIED. (FD, DIVORCED (Specify) MATTION	July 23, 1878	9. AGE (In years last hirthday) Mont	nder 1 Year ff Under 24 Hours the Days Hours Min.
10A. USUAL OC work done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)   1	2. CITIZEN OF WHAT COUNTRY? USA
ALFRED	** *DobaXDiv		Denson	14. MOTHER'S MAIDEN N Catherine Moran	AME	
15. WAS DECEAS (You, no or unknown)	ED EVER IN U, S. ARMEI (If yes, give war or date) 特殊景景系統	of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT B. C. h. Records		n Ave.
(This does	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH  (A)  Myocardial Infarction  DUE TO					
RISE TO 1	ANTECEDENT CAUS S OR CONDITIONS, 11 THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN STATING TH				
hi TRIBUTING	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D Hypert	ensive Cardio Va	cular Disease	years
19A. DATE			FINDINGS OF OPER	RATION		20. AUTOPSY?
	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about bome, f	ACE OF INJURY (e. g., li arm, factory, street, office bldg., c		If in Baltimore City, give	ve exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR. WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
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23a. SIGNA	41.618	vens (	1 Cac . M. D. 4	38. ADDRESS 1940 Eastern Ave.		2-19-53 r county) (State)
24A. BURIAL, TION, REMOVAL (S. BURIAL DATE RECEIVE LOCAL REGISTER 2)	FEB:21:	1953	New Cathede	ral Com. Bal 25 FUNERAL DIRECTOR	timore Mary	
VS 150				F.B.WIPPERT &	SON 1300 Eu	taw Pl.17

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Thus (Type or Print) DEATH 3. PLACE OF DEATH! fully suppli USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) Af outside corporate limits, write RURAY and give C. CITY OR TOWN INSTITUTION Yrs. O. STREET ADDRESS (If rural, give location) Mes. c. Length of stay in Baltimore Dave should be early and l 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) Months; Days Hours; Min. last birthday) narred 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) BUSINESS OR 10B. KIND OF 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s might Watching 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 6-07-541 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) ANTECEDENT CAUSES INK. (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST, OTHER SIGNIFICANT CONDITIONS CONe asttentia les molis TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY LY, WITH important. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 195/ to , 19 2, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 2 , and that death occurred at 41/84m., from the causes and on the date stated above, 1950 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-OCATION (City, town, or county) (State) 24c. NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify) Hunal DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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## BALTIMORE CITY HEALTH DEPARTMENT

1946

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF spusse DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Mary HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) ·Je. Imore D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore was to wa NOCH tairmoun Days 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) II Under 24 Hours WIDOWED, DINORCED (Specify) last birthday) Months: Days Hours: Min. marrico 1884 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY ouse with 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 18. 442 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It menns the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK, 22. I hereby certify that I attended the deceased from February 1, 1963 to February 181953, that I last saw the deceased alies on company 1953 23A, SIGNATURE 23B. ADDRESS 23c. DATE -53 060 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B. DATE DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAR

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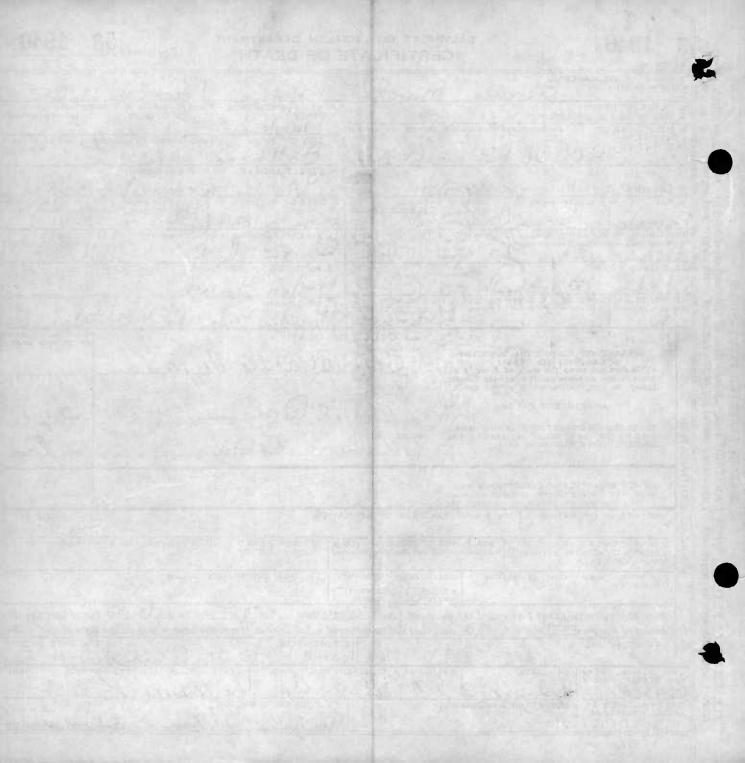
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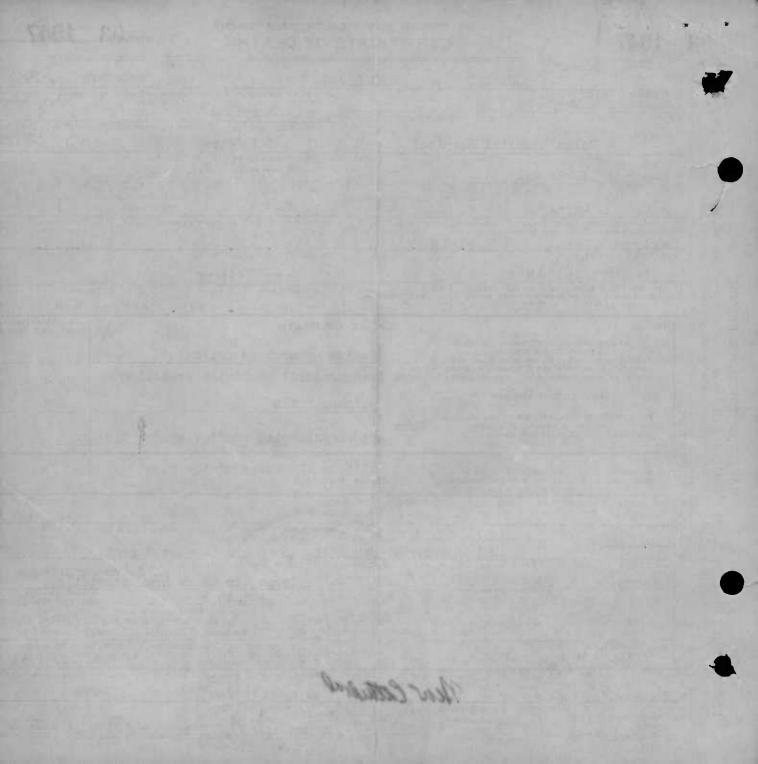
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PLEASE WRITE PLAINLY

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DATE REC'D BY LOCAL REG. 2

REGISTRAR'S SIGNATURE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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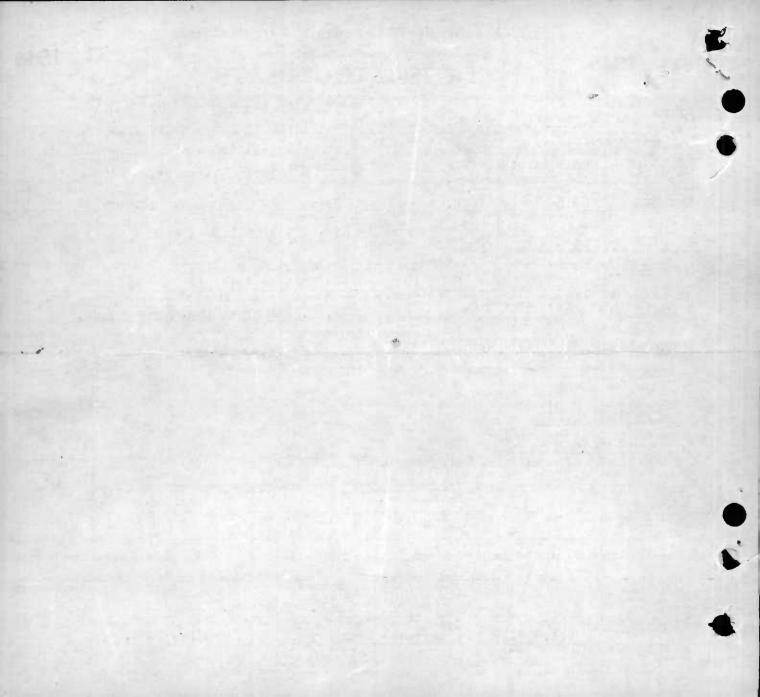
1948

ADDRESS

4510 Liberty Heights Ave.

		CERTIFICAT	E OF DEAT	H Reg.	Dist. No	•••••
1. PLACE OF DEATH-	ore City	MARYLAND	2. USUAL RESIDENCE ( STATE Maryland		COUNTY	
OR give nearest town	64116/ Balt	imore City	Maryland CITY (If outside corpor OR TOWN Balt	imore	14-6	st town)
INSTITUTION OR H	ood Convales	cent Home	STREET ADDRESS 1321	Hollins St.	ocition)	
	(First) Louls	(Middle) E.	(Last) Gray	OF DEATH Feb	onth) (Day) ruary 13	1953
	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED	s. DATE OF BIRTH Dec. 27, 1865	9. AGE last birthday 87 YIS yrs.		
done during most of working Housewife 13. FATHER'S NAME		INDUSTRY  At Home	11. BIRTHPLACE (State of Virginia 14. MOTHER'S MAIDEN		Counte	EN OF WHAT
Ed	ward Pegg		Rebecca E	111ott		
15. Was Discrassed Even In (Yes, no, or unknown) (If y	U.S. ARMED FORCEST ear, give war or dates o rvice)	16. SOCIAL SECURITY NO.	Mr. H. Osbourn	e Gray, Arbu	Ten Oak	Ave.
I. DISEASES OR CONDI	rions directly	18. MEDICAL CE LEADING TO DEATH		2	INTER	RVAL BETWEEN T AND DEATH
Immediate can	se (a)	1477	Rostalle !-	neumonia	\$00000 totovo o mose	2 day
Antecedent car		V /				1
giving rise to the stating the underly	bove cause	Healed Fract	ing of neck.	1 ferrer	2	2 425.
II. OTHER SIGNIFICAN' Conditions cootributing telated to the disease or	o the death but oot condition causing deatl					1
	0	INDINGS OF OPERATION			Yes	UTOPSY?
SUICIDE HOMICIDE	OF INJU		(CITY OR		COUNTY) (	(STATE)
TIME (Mootb) (Day OF INJURY	(Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CCUR?		
		deceased from				
alive on February	h-1	d that death occurred at	ADDRESS from the	causes and on the	date stated a	bove. TE SIGNED
abr			206 S. Gilmor S		Feb 1	4,53
21. BURIAL, CREMATIO REMOVAL (Specify)	Feb. 17.19		RY OR CREMATORY	Woodlawn, Me		(State)

FUNERAL DIRECTOR



	ITE PL. LY, WITH UNFADING INK. Every item of information should be especially important. Physicians: please write the causes of death clearly and l
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(	. NAME OF DE Type or Print) . PLACE OF DE Baltimore C	Alfonso	-		4. USUAL RESIDENC	2. DATE OF DEATH Feb DE (Where deceased lived, I B. COUNTY		
B	FULL NAME ( OSPITAL OR NSTITUTION			ation, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate limit		d give nship)
	. Length of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS 3102 Fleet 8. DATE OF BIRTH	(If rural, give location)  St.  9. AGE (In years)	If Under 1 Year   If Under 2	4 House
	Male	White CUPATION (Give kind of	Mig	WED, DIVORCED (Specify)  OWED  D OF BUSINESS OR	May 25 1861	last birthday) M	onths Days Hours 8 24	Min.
WO	Labor 3. FATHER'S N	(Retired)		t.Tran.Co.	Control of the Contro	ino (Italy)	WHAT COUN	TRY
		tino Pasto:	re		Carmela Natale			
1 (Y	5. WAS DECEASE es, no or unknown) NO	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Stephen Pastore 3102 Fleet St.			
ERTIFICATION	DISEAS (This does heart failur injury or	E OR CONDITION LEADING TO DEAT not mean the mode o , asthenia, etc. It mea- complication which c  ANTECEDENT CAUS  OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	H f dying, e. is the dises aused dead ES ANY, GIV	g., (A) Williams, ase, th.) Due to	schrolie Card	jorasular Juli	ONSET AND D	4
CERTI	TO THE DI	GNIFICANT CONDITO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	IT.				
AL	19A. DATE O	F OPERATION 1	9B. MAJO	R FINDINGS OF OPER	ATION		YES N	o [
IEDICAL	21A. ACCIDI LYING OR CAUSE OF I	ENT WAS UNDER- CONTRIBUTING		ACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e		(If in Baltimore City,	give exact location	
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY   Month   Not white   AT WORK   AT							
	deceased al	ve on 2 17-53		, and that death occur	red at 5:15/m., fr 3B. ADDRESS 23 & S. Conh	on the causes and on ling sheet	the date stated a	bove NED
7 T	HAA. BURIAK / COLON, REMOVAL (S)	REMA- pecify) Feb. 21	st/53	St. Stanisla		300 Dundalk		tate)

FUNERAL DIRECTOR

1300 Dundalk Ave Balt.Nd

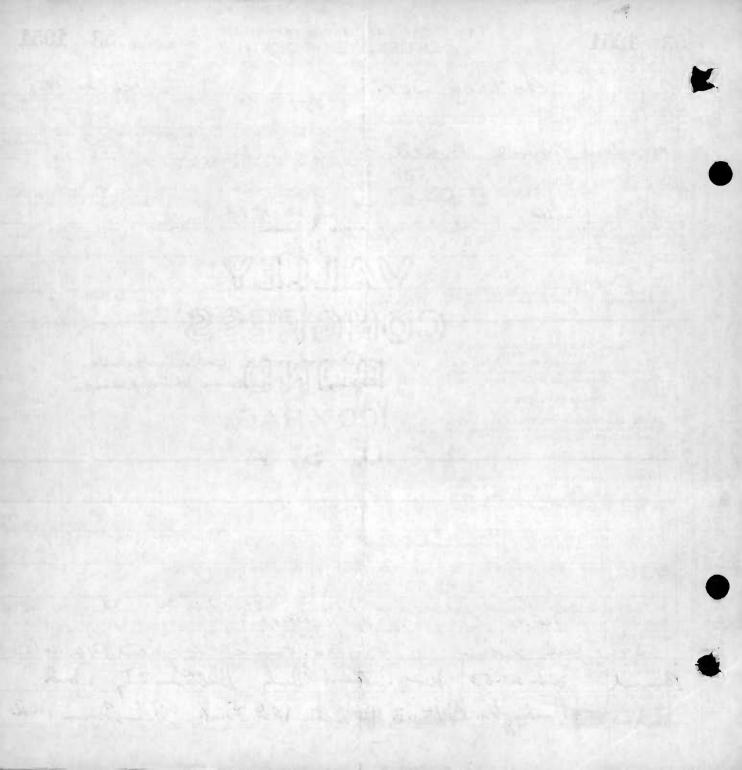
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fully suppliery.	В.	PLACE OF DEATH: Paltimore City, Ma FULL NAME OF (If OSPITAL OR NSTITUTION	ryland		ion, give street s		4. USUAL RESIDENCE A. STATE C. CITY OR TOWN		B. COUN	TY	befo	residence ore admission) RAL and give township)
legibly	C.	Length of stay in B	altimore	17	Splat 50	Yrs. Mos. Days	D. STREET ADDRESS	(If rura	, give locat	ion)	00	
ld be			R OR RACE	7. SINGLE WIDOW	MARRIED ED, DIVORCE		8. DATE OF BIRTH	9.	AGE (in ye last birthds		er I Year as Days	H Under 24 Hours Hours Min.
NDING information shoul s of death clearly	WOL	DA. USUAL OCCUPATIO k doneduring most of working life	N (Give kind of even if retired)	108. KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State	e or foreig	n country)	12	WHA	EN OF T COUNTRY
NG prmati death		Sam Jerus	A-S		0		14. MOTHER'S MAIDE	EN NAME	Der	uo		
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MARGIN UNFADING Physicians:	CERTI	OTHER SIGNIFICA TRIBUTING TO THE D TO THE DISEASE OR	EATH, BUT N	NOT RELATE	D							
had	CAL	19A. DATE OF OPERA	0		FINDINGS O			(If in	Baltimore	City give	YES	NO P
of VLY,	MEDI	LYING OR CONTRI CAUSE OF DEATH  21D. TIME (Month) ( OF INJURY  22. I hereby certify	BUTING Day) (Year)	(Hour) ;	21E. INJURY C	OCCURRE	21F. HOW DID IN	JURY OC	CUR?			
ASE WRITE F	24 TIC	deceased alive on	Leb. 20  Li &  4B. DATE  AB. DATE	, 1953, 1	and that deat	th occurr	ed at 12:30 Am., from B. ADDRESS	om the co	auses and	on the	date st	tated above.
PLEAS	D	ATE RECEIVED BY R	EGISTRAR'S	1- 14	RE MANUA,	ARP /	Sun for 7	OR	al	-Br	DDRES	ml
		VS 150	0			74	OFF					



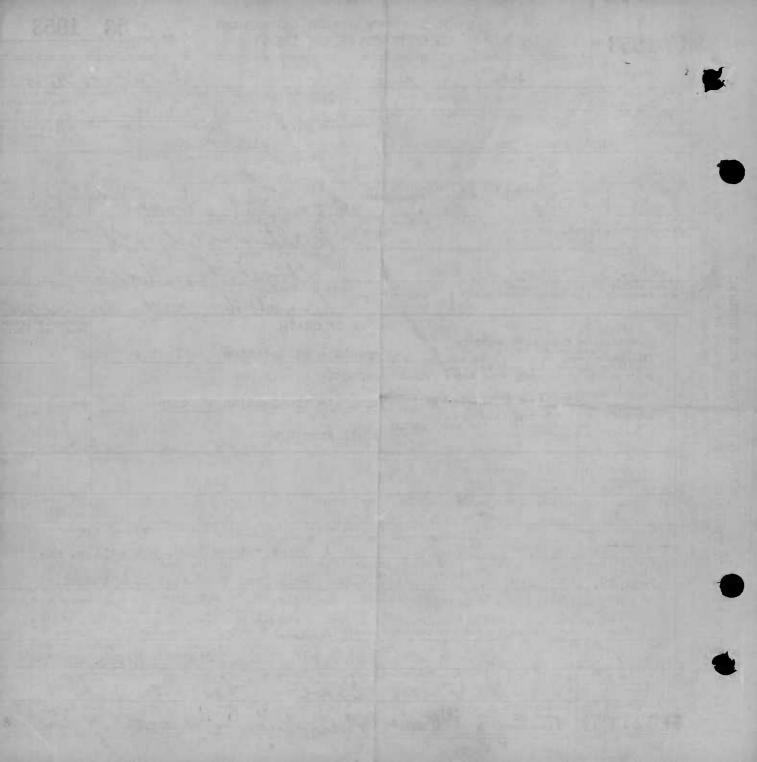
rismberatio Henry Beseg 20. AUTOPSY (If in Baltimore City, give exact location) . 19 33, that I last saw the m., from the causes and on the date stated above. 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR VS 150

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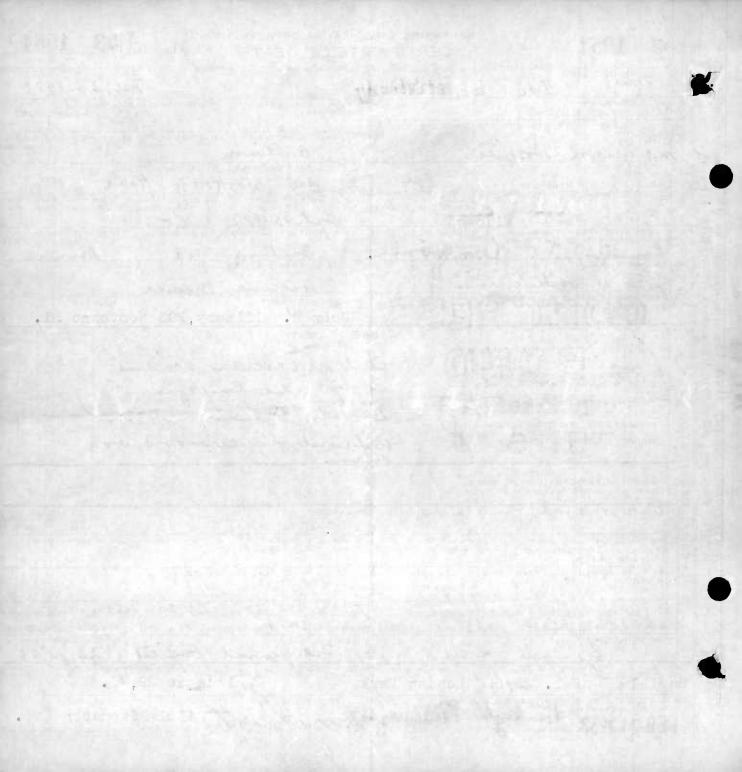
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Months Days

ADDRESS

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20. AUTOPSY

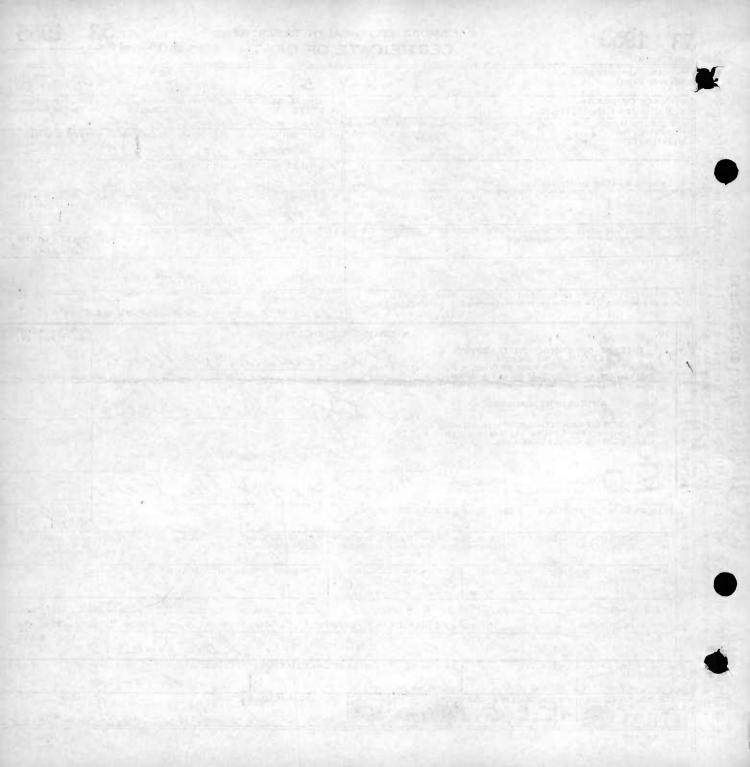
23C. DATE SIGNED

ADDRESS

(State)

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VS 150



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

location)

Yrs.

Mos.

Days

INDUSTRY

CAUSE

1956

BIRTH NO (Type or Print) ully supplied

. NAME OF DECEASED Rose Elizabeth Sanford

(If not in hospital or institution, give street address or

yrs.

Widowed

7. SINGLE, MARRIED

St. Joseph's Hospital

1400 N. Caroline St

DEATH February 20.1953 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)

2. DATE

(If outside corporate

Maryland C. CITY OR TOWN

8. DATE OF BIRTH

Indiana

Raltimore D. STREET ADDRESS (If rural, give location)

2111 Dobler Ave.

9. AGE (In years | 18 Under 1 Year | 18 Under 24 Hours last birthday) | Months; Days | Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

Hwfe. 13. FATHER'S NAME

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3. PLACE OF DEATH:

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

5. SEX

Female

A. Baltimore City, Maryland

c. Length of stay in Baltimore

work done during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowa) (If yes, give war or dates of service)

6. COLOR OR RACE

White 10A. USUAL OCCUPATION (Givekindof)

> 16. SOCIAL SECURITY NO.

WIDOWED, DIVORCED (Specify)

10B. KIND OF BUSINESS OR

14. MOTHER'S MAIDEN NAME

ADDRESS

ONSET AND DEATH

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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS

OF OPERATION

Frestiere

20. AUTOPS (If in Baltimore City, give exact location)

about home, farm, factory, street, office hldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21A. ACCIDENT WAS UNDER

21E. INJURY OCCURRED NOT WHILE

21B. PLACE OF INJURY (e. g., in or

2111 Dobler Ave. 21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 2019 53 to deceased alive on February, PD 53 and that death occurred at 10:00 mPN on the causes and on the date stated above.

1400 N. Caroline St.

February 209 53 hat I last saw the

23A. SIGNATURE 24A. BURMAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

23B. ADDRESS

24c. NAME OF CEMETERY OR CREMATORY

2-21-53 DATE RECEIVED BY LOCAL REGISTRAR

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23c. DATE SIGNED

VS 150

OF INJURY

Peter Benens

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Hours Min.

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DATE RECEIVED BY

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LOCAL REGISTRAR

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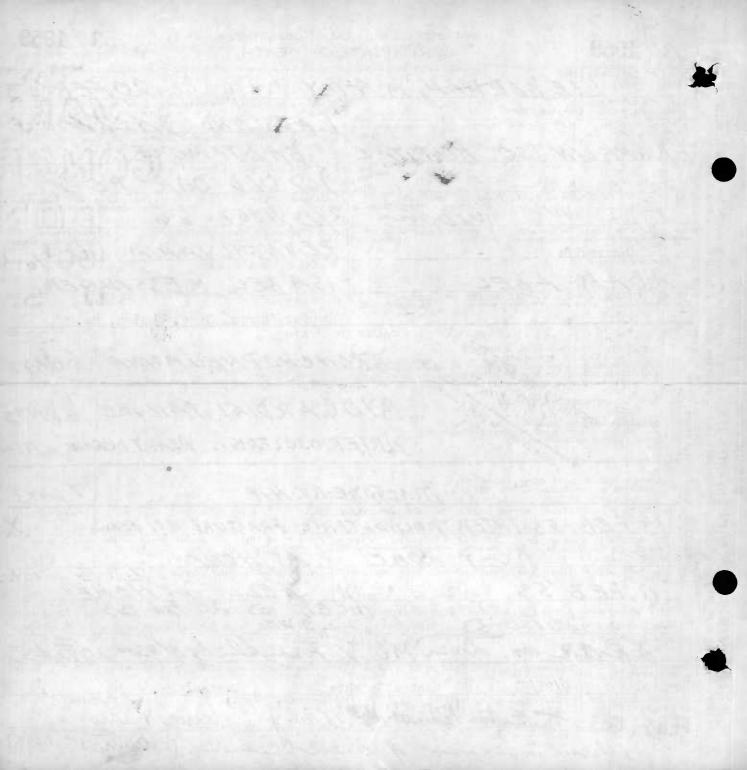
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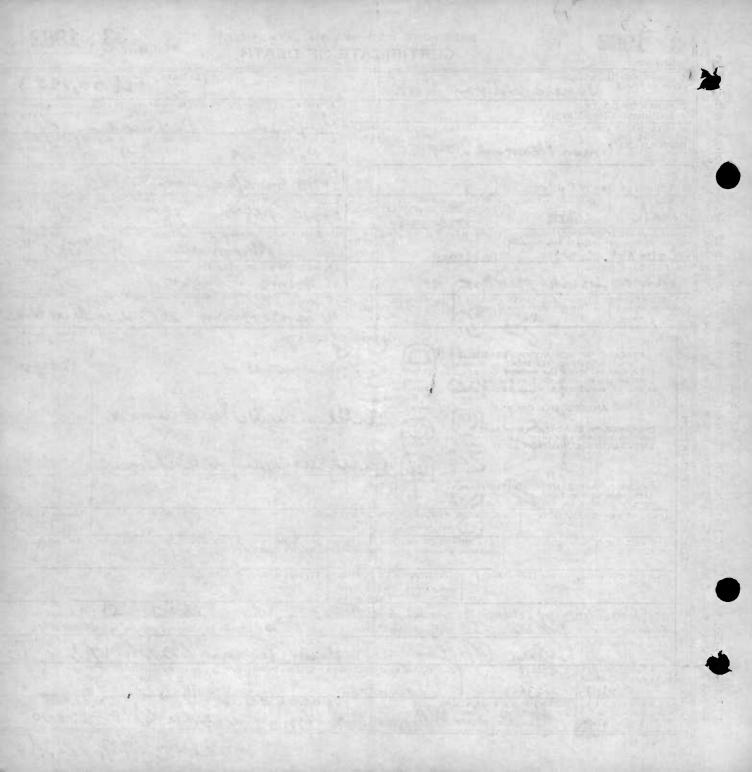
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR Haven Nursing Home location)  4515 Garrison Blvd.  Yrs.  Mos.	2. DATE OF Feb.19, 1953
institution 4515 Garrison Blvd.  Relating:	
Paltimo:	SIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)  OWN (If outside corporate limit, write RURAL and give township)
	DDRESS (If rural, give location)  Tyland Ave  IRTH   9.AGE (In years)   Will Under I Year   If Under 24 Hours
Female White Single Jan. 7  10A. USUAL OCCUPATION (Givekindor) 10B. KIND OF BUSINESS OR INDUSTRY  work done during most of working life, oven if retired) INDUSTRY  10B. KIND OF BUSINESS OR INDUSTRY	last birthday) Months Days Hours Min.  91  CE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Saleslady (rtd) Dept. Store Maryland  13. FATHER'S NAME  Joseph Burnett  Sarah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. J.	ADDRESS Elmer Martin-2923 N. Calvert St.
18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	The Tage Interval Between onset and Death
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UNDERLYING CONDITION LAST.  UNDERLYING CONDITION LAST.  (C)  UNDERLYING CONDITIONS CONTRIBUTIONS TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?  YES NO  RE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING   about nome, rarm, ractory, atreet, omce oldg., etc.) INJURY OF CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW	
22. I hereby certify that I attended the deceased from 7 1, 1	Balto. Md.

S	5	3 40 R 1961			TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	5; Registered	
d.	1. (T	NAME OF DECE ype or Print)	ASED	EI	LEN STEHLE		of Feb	20, 1953
ully supplied	А.	PLACE OF DEAT Baltimore City FULL NAME OF DSPITAL OR STITUTION	, Maryland		on, give street address or location)	4. USUAL RESIDENCE (WA. STATE  Md. c. CITY OR TOWN (If Baltimore	here deceased lived, I B. COUNTY	f institution: residence before admission) ts, write RIRAL and give township)
e ca legibly	c.	Length of stay	in Baltimore		Yrs. Mos. Days	b. STREET ADDRESS (If: 5517 Stonington A	lve.	
Pa Pa	5.	female 6.0	white	WIDOW WIO	, MARRIED, ED, DIYORCED (Specify) OWED	Jan. 28, 1873	9. AGE (In years last birthday)	onths Days Hours Min.
n sho	10 worl	A. USUAL OCCUP done during most of wor HOUSOWILE	PATION (Give kind of king life, even if retired)	at hom	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
IDING information should be of death clearly and		Lewis Mea	ıd			14. MOTHER'S MAIDEN NA Katherine Rogers	AME	
of life	15 (Yes	, was DECEASED E, no or unknown) (	VER IN U.S. ARMED If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mr. Edward E. St		Johns Rd.
RESERVED FOR INK. Every item please write the car	ICATION	(This does not heart failure, a injury or com  AN  DISEASES OF	POR CONDITION ADING TO DEAT  is mean the mode of esthenia, etc. It mea application which of TECEDENT CAUS R CONDITIONS, II ABOVE CAUSE (A) S CONDITION LA	FANY, GIVING THATING THE	(A)	rebrof Vale & walked the	brokeling	INTERVAL BETWEEN ONSET AND DEATH
MARGIN UNFADING Physicians:	CERTIF	TRIBUTING TO	II IFICANT CONDI THE DEATH, BUT SE OR CONDITION	NOT RELATE	D			
H	AL	19A. DATE OF C	PERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
Y, WITH	MEDIC	CAUSE OF DEA	ONTRIBUTING [	about home, f	CE OF INJURY (e. g., i arm,factory,street,office bldg.,	etc.) INJURY OCCUR?	f in Baltimore City,	give exact location)
RITE PLA is especially in		of injury 22. I hereby co	ertify that Latt	m. v		125°, to \$\forall \tag{7}	6 20, 19	3that I last saw the
Sh RITH	24	deceased alive 23A SIGNATUR 4A. BURIAL, CREI ON, REMOVAL (Speci	ET Of	GOD	M. D. L	38. ADDRESS SOF LOW RY OR CHEMATORY 24D. LO	Mey W	the date stated above.    23c. DATE SIGNED   2-W-53   n, or county) (State)
A		Durtat	2/24/53		Lorraine Par	rk Cem. Wood	lawn, Md.	1

PLE DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE VS 150

of all a fact the units

Ne Ne	14 1306	E CITY HEALTH DEPARTMENT	53 1962 Registered No.
5	1. NAME OF DECEASED (Type or Print) James William Man	hin	2. DATE OF Feb 20,1953
fully supplied ly.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in bospital or institution, give st	A. STATE	ere deceased lived. If institution; residence B. COUNTY before admission)
ılly s	HOSPITAL OR INSTITUTION Union Memorial Mosp		utside corporate limits, write (tURA), and give township
e Grundling legibly.	Jaroch of store in Boltima 7	Yrs. D. STREET ADDRESS (If ru	ral, give location
d be	c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRII   WIDOWED, DIVO	ED. 8. DATE OF BIRTH	9. AGE (In years   11 Under   Year   11 Under 24 Hours last birthday)   Months Days   Hours Min.
NDING information should be of death clearly and l	10A. USUAL OCCUPATION (Givekind of rock done during most of working life, even if retired)		
tion s	Claim Agt. (rtd) Railroad	Manyla  14. MOTHER'S MAIDEN NAI	9311
NG ormal deatl	James Josiak Merkn	Annie Fran	ger V
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SEC	URITY NO. 17. INFORMANT Muchy	2817 Woodbud ME
R em	18. 492 X	CAUSE OF DEATH	INTERVAL BETWEEN
5 [±]	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		Thys
~ ~	injury or complication which caused death.) DUE  ANTECEDENT CAUSES	то	A 4
RESERVED INK. Ever please write	Z (B O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE		et desert
ING ING ns: p	UNDERLYING CONDITION LAST.	Cont which we	kk
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON.	, racer accuracy ra	reagans.
	TRIBUTING TO THE DEATH, BUT NOT RELATED OF THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 19B, MAJOR FINDING	GS OF OPERATION	20. AUTOPSY?
WITH rtant.	21a. ACCIDENT. SUICIDE, 21B. PLACE OF IN	NJURY (e.g., in or   21c. WHERE DID (lf	in Baltimore City, give exact location)
LY, WIT] important	HOMICIDE (Specify) about home, farm, factory,	atreet,office bldg.,etc.) INJURY OCCUR?	
ally in	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJU	RY OCCURRED 21F. HOW DID INJURY  NOT WHILE AT WORK	occur?
F PL.	22. I hereby certify that I attended the deceased deceased alive on 12, 20, 19, 3, and that		Ebro, 1953 that I last saw the
RITE PL is especia	23A, SIGNATURE	23B. ADDRESS	e causes and on the date stated above
50	24A. BURIAL, CREVA- TION, REMOVAL (Specify)	E OF CEMETERY OR CREMATORY 24D. LO	CATION (City, town, or county) (State)
PLEASE correct a	Burial 2/23/53 Wood	llawn Cem Wood	dlawn, Md.
[A]	EEB 21 1988 Huntington Willi	suis M. Wim. y. yo	Muer & sous
	vs 150	0050 Ba	eto. 17, Md.



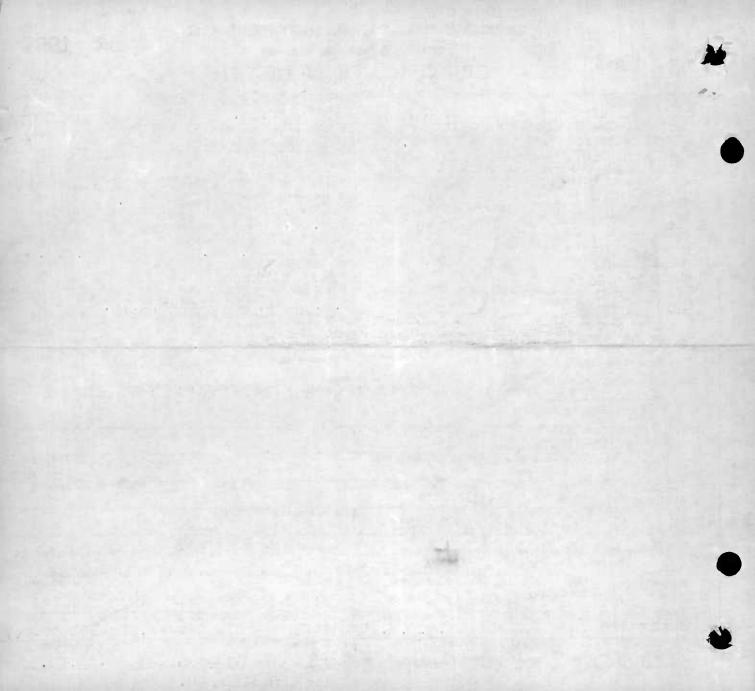
PLEASE

also Kitzmiller, Md.

. Sharpless, Blaine, W. Va.

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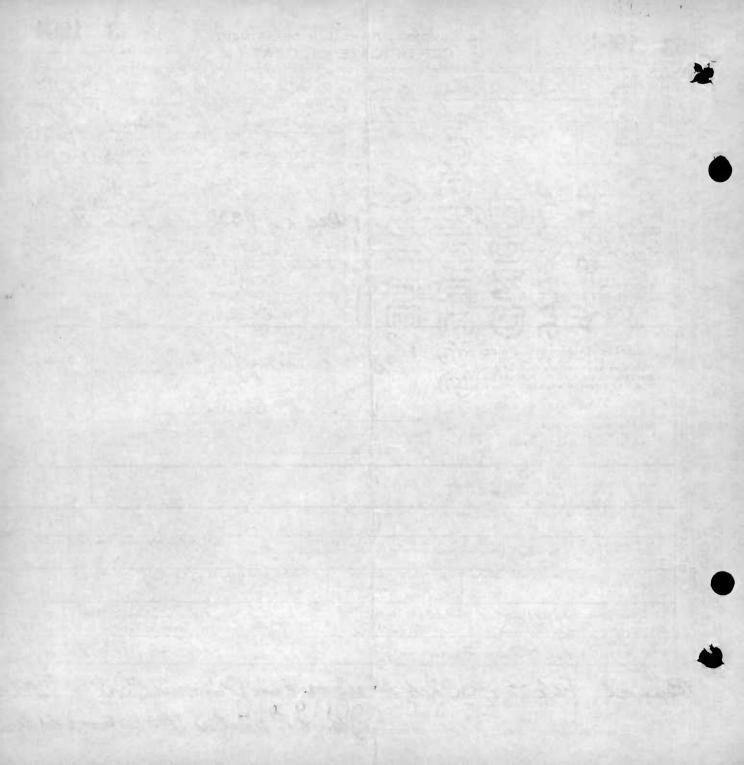
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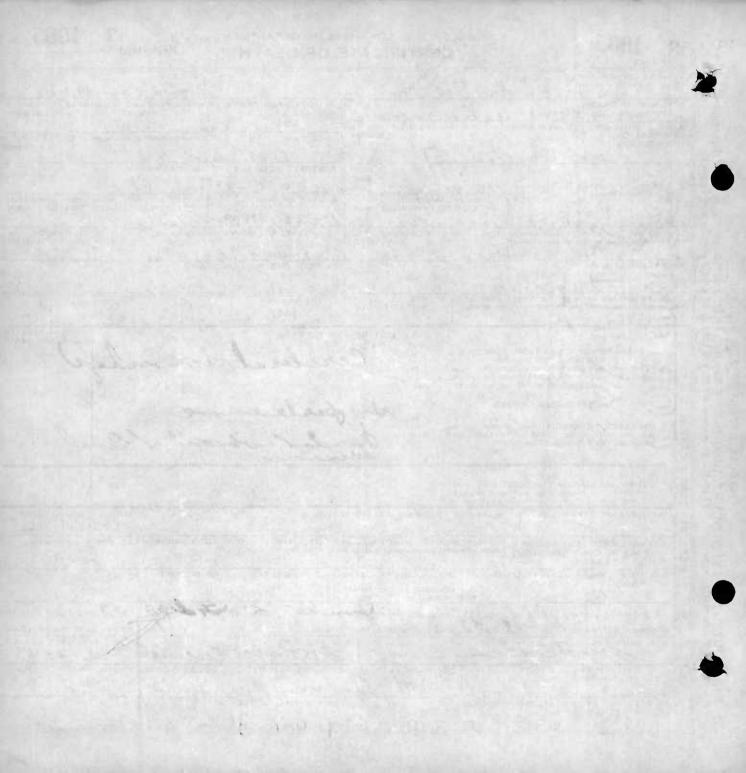
1964 Registered No.

- OI BEATTI	9			
beech	2. DATE OF DEATH	2/2	0/53	
4. USUAL RESIDENCE (WI	here deceased . B. COUI	lived. If insti	before admission	)
C. CITY OR TOWN (If a	e su	rac	township	
b. STREET ADDRESS (If r	Mar	-50	.6235	
Bie 4 1932	209	lay) Months	Days Hours Min.	
11. BIRTHPLACE (State or for Bult. )	ud	12,	WHAT COUNTRY	1
14. MOTHER'S MAIDEN NA	Kas	hu		
17. INFORMANT		ADDR	ess	
OF DEATH			INTERVAL BETWEEN	
ueruloneghu	ts		245	
ent Dul	Line	-	3 km	/
			••••	
			make an angular restrict and a state of their sold	
ATION			YES NO	
2 or 21c, WHERE DID (If the.) INJURY OCCUR?	in Baltimore	City, give	exact location)	
21F. HOW DID INJURY	OCCUR?			
116 ,19530 2			at I last saw th	
3B. ADDRESS	e causes an	d on the $d$	ate stated above	2
surey /	10/3		21 201 3	þ

LOCAL REGISTRAR VS 150



5	530		
e	FO 145)	Y HEALTH DEPARTMENT 53 1965 CATE OF DEATH Registered No.	
7	I. NAME OF DECEASED (Type or Print) Susie E. Smith	2. DATE OF DEATH 706. 19.1953	
fully supplied y.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street add		
fully oly.	HOSPITAL OR INSTITUTION  1022 Caylian ST.	cation) c. CITY OR TOWN (If outside corporate limits, write RURAL and towns  Yrs. D. STREET ADDRESS (If rural, give location)	
be full legibly.	c. Length of stay in Baltimore 40 V15  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	Nos. Days  10 22 Cavllon  ST  8. DATE OF BIRTH  9. AGE (In years) If Under 1 Year   If Under 24	Hour
	Fengle Colored Widowed, Divorced (Widowed)  10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS)	(Specify)    1 - 25 - 18   last birthday   Months Days Hours M	
VDING information should s of death clearly ar	work done during most of working life, even if retired)  Domestic  House Work  13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  WHAT COUNT  U. S. A.	RY
BINDING of informa	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (You, no or unknown) (If you, give wer or dates in service) SECURITY	Caroline Ross 17. INFORMANT ADDRESS	
BIN of uses	Unknown	Wes. E. Da Buryell \$ 2921, Lanuale ST INTERVAL BETWO ONSET, AND DE	
FO it	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Cerebral Hemorekage	
2 2	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	Ly perlecesione	
IN RESE NG INK. Is: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	Cardis warender and	
MARGIN F UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ht.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION 20. AUTOPSY YES NO	
LY, WITH	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, form, factory, street, office CAUSE OF DEATH	icebidgetc.) INJURY OCCUR?	
PA PA		T WHILE	
RITE PI	22. I hereby certify that Lattended the deceased from deceased alive on 17, 1952, and that death		ove
	m Ew slean M.	EMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Sta	3
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Unburn Balto. Md. 25. FUNERAL DIRECTOR ADDRESS	
	VS 150	2084	
	/ 8		



21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH.

about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT NOT WHILE

21B. PLACE OF INJURY (e.g., in or

21F. HOW DID INJURY OCCUR?

AT WORK

OF INJURY WORK

22. I certify that I took charge of the remains described above, held an

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \supseteq \), undetermined \( \supseteq \). 24A. BURIAL, CREMA TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 2/23/53 REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR 1303 Prescine 3.

21c. WHERE DID

INJURY OCCUR?

(If in Baltimore City, give exact location)

thercon and from

23c. DATE SIGNED

Feb. 20.

Autopsy

23B. CHIEF MEDICAL EXAMINER ....

ASSISTANT MEDICAL EXAMINER ....

Autopsy, Inspection or Inquiry

VS 151

DATE RECEIVED BY

LOCAL REGISTRAR

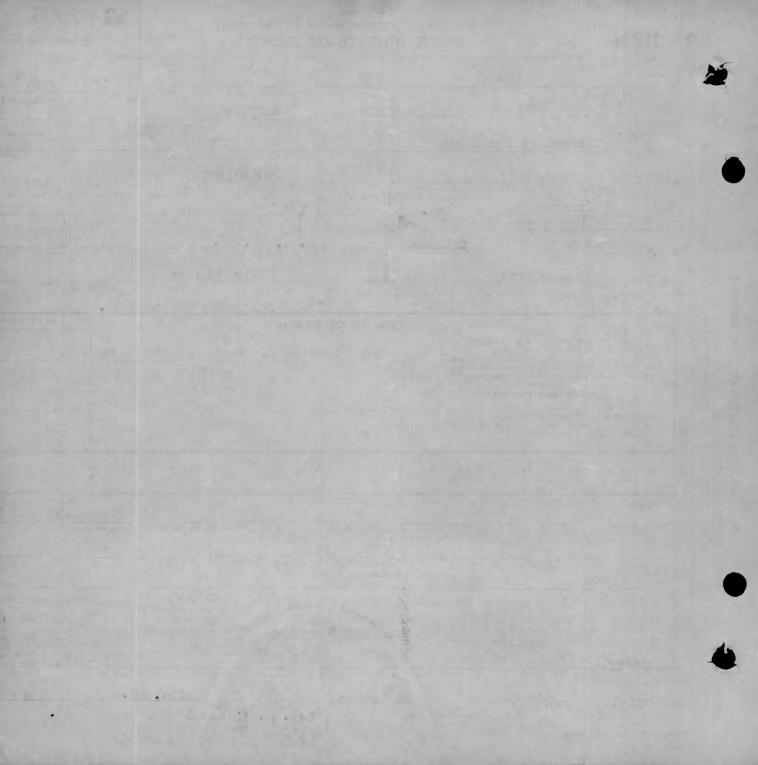
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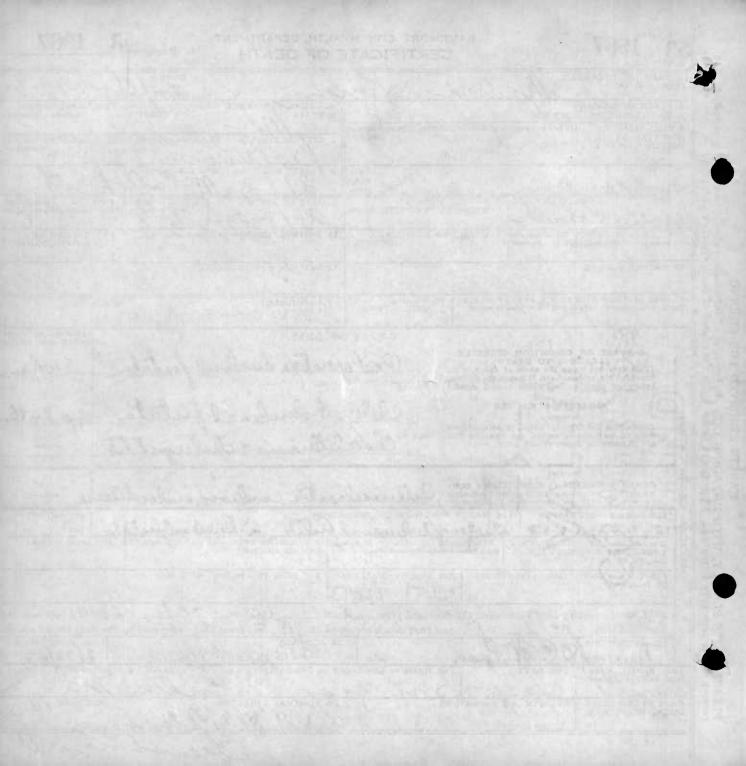
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PLEASI

MEDICAL INVESTIGATOR



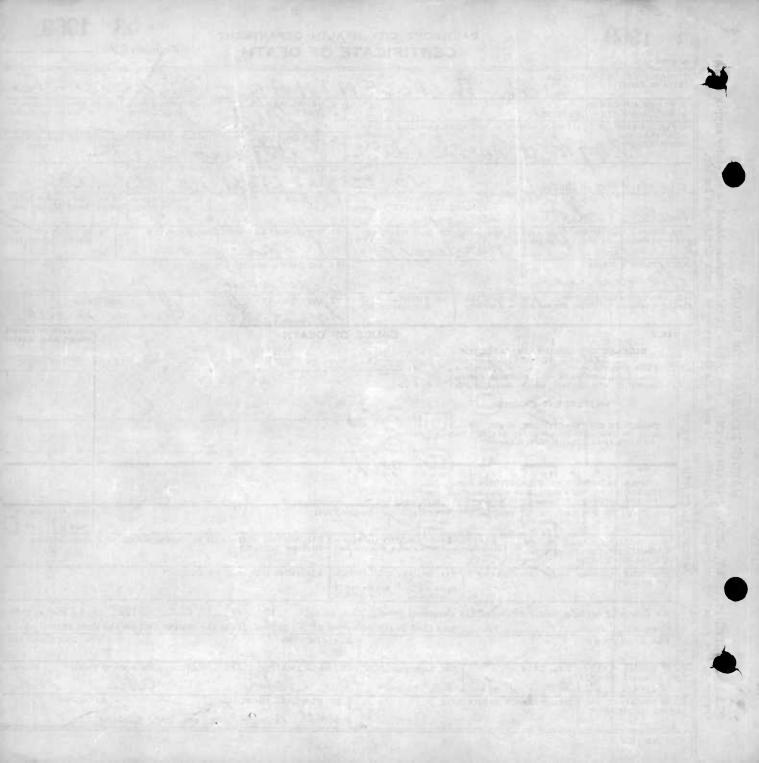
53 1967 BIRTH NO.		E OF DEATH	Registered N	1967
1. NAME OF DECEASED (Type or Print)	dred Kr	rox	2. DATE OF DEATH	: 19-19-3
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital)	or institution, give street address or	A. STATE	There deceased lived. If B. COUNTY	institution residence before admiss
HOSPITAL OR INSTITUTION POHNS HOPKINS	1 10 1		outside corpopate limits	s, write RURAL and towns
c/Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (40)	pural, give location ne Cullo	hat
lemale Colored 7	SINGLE, MADRIED. WIDOWED, DIVORCED (Specify)	2 - / 4-00	9. AGE (In years last birthday) Mo.	Under   Year   H Under 24   nths Days Hours M
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNT
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST UNDERLYING THE SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NO	ONS CON- O +	yst-duodenal littrasis & ch	lecystetis	
TO THE DISEASE OR CONDITION C.  19A. DATE OF OPERATION 3 19B  12-13-52: 2-4-53 12  21A. ACCIDENT WAS UNDER-	MAJOR FINDINGS OF OPER  21B. PLACE OF INJURY (e.g., industrial control of the con	ATION A DUS	Sudfitule f in Baymore City, g	20. AUTO SY YES NO
OF INJURY			OCCUR?	
OF INJURY	m. WHILE AT NOT WHILE			3 that I last saw
of injury  22. I hereby certify that Latten	m. WHILE AT NOT WHILE AT WORK at work and the deceased from 19 and that death occur	7 - 16 1952 to 7 th., from t		e date stated abo
of INJURY  22. I hereby certify that Latten deceased alive on	m. WHILE AT NOT WHILE AT WORK AT WORK and the deceased from 1912, and that death occur and the death occur	rred at 15 th., from to 238. ADDRESS HOPKINS	7-/9,195	23c. DATE SIGN



VS 150

4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission) (If outside corporate limits, write RURAL and give If Under 1 Year If Under 24 Hours last buth ay) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 19 that I last saw the and that death occurred at 97 m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS LOCAL REGISTRAR MALLERwilling

And John 201



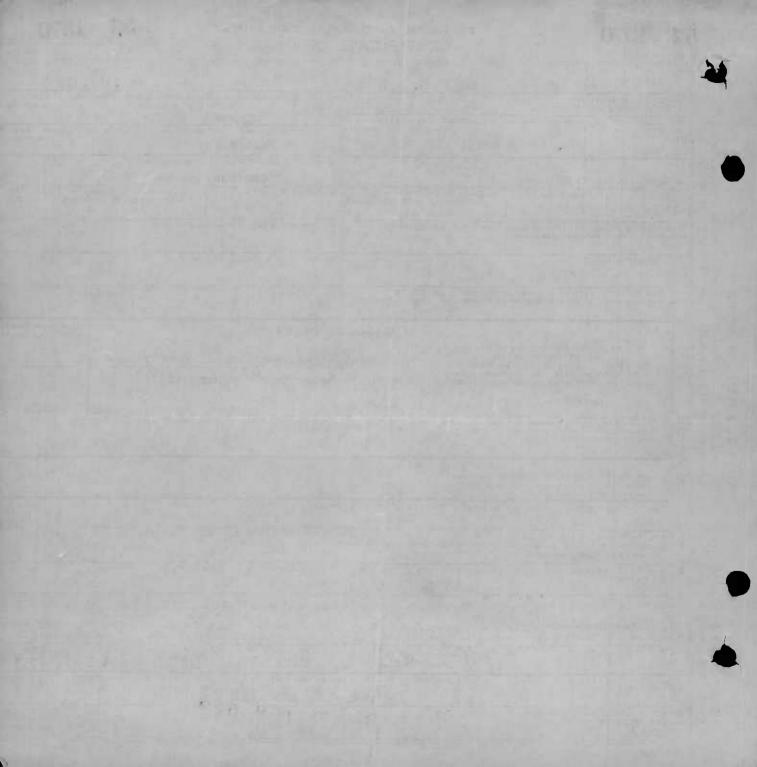
## BALTIMORE CITY HEALTH DEPARTMENT

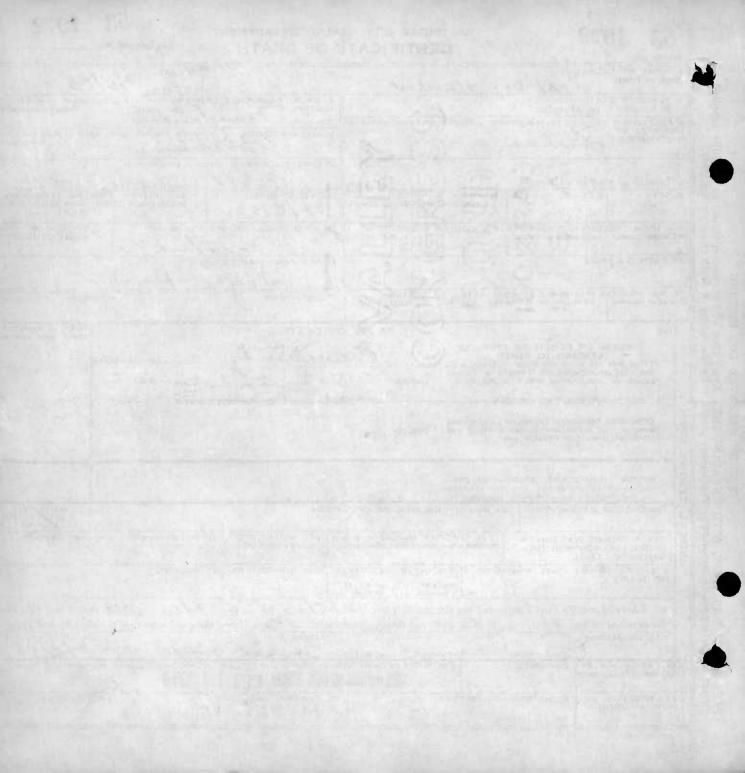
53 1970

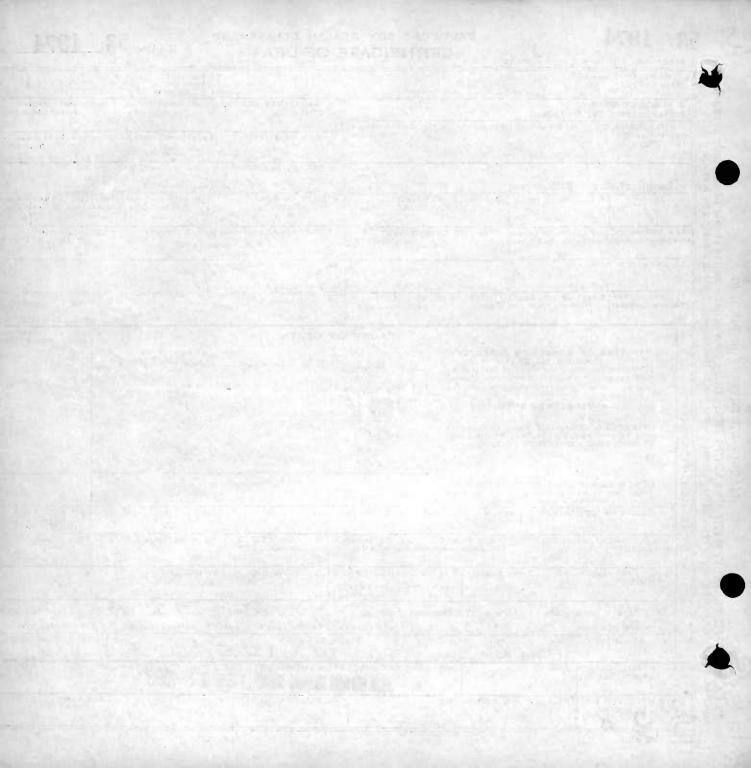
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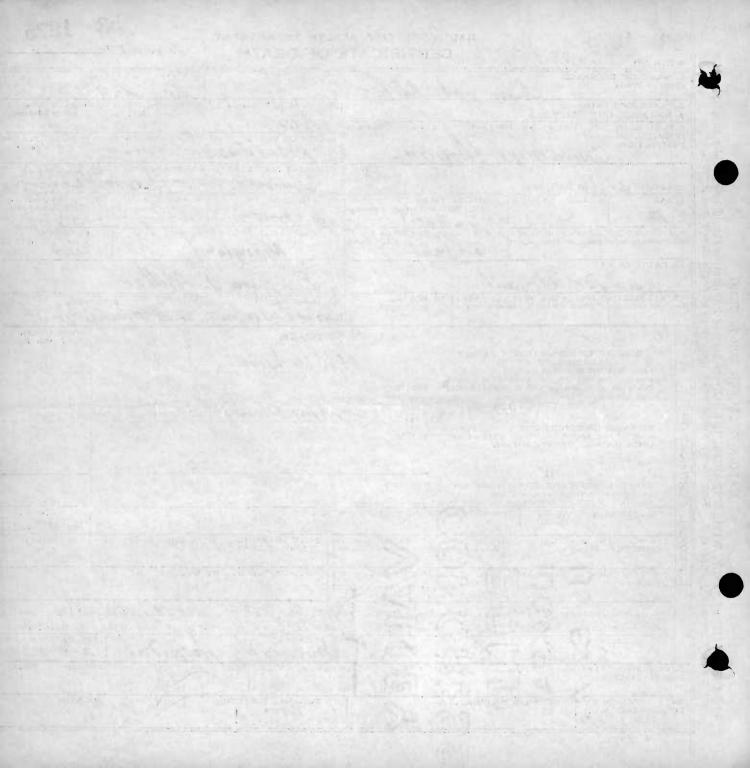
BIRTH NO.	9/0	C	ERT	IFICATI	E OF DEATH	Registered	
	F DECEASED					2. DATE OF	77 7050
		EDGAR	G.	LOWE	0	DEATH Jan.	
	of DEATH: re City, Maryland				4. USUAL RESIDENCE (\ A. STATE	B. COUNTY	f institution: residence before admission)
FULL N	AME OF (If not in hospit	al or institution	, give str	eet address or location)			
IOSPITAL NSTITUTI	140	Unenital		location)	'		its, write RURAL and give township
18	St. Agnes	HOSDI CSI			Baltimor		
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	5-41
. Length	of stay in Baltimore	7. SINGLE. I	MARRIE	Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
Male	White			RCED (Specify)	U	last birthday) M	Ionths Days Hours Min.
	OCCUPATION (Give kind of most of working life, even if retired)		F BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHE	R'S NAME	1			14. MOTHER'S MAIDEN N	IAME	
			0		0		
. WAS DE	CEASED EVER IN U.S. ARME		6. SOC	IAL URITY NO.	17. INFORMANT		ADDRESS
			Li		N		
18. 5	87.0			CAUSE	OF DEATH		INTERVAL BETWEE
DI	SEASE OR CONDITION	DIRECTLY					
(This	LEADING TO DEA		(A)	Massi	ve retroperitones	l hemorrhage	9
	failure, asthenia, etc. It med y or complication which				hemorrhagic pand		
111,000			502	10 Aouto	1101101 1100 Pro Louis		
	ANTECEDENT CAU	SES	(8)	)			
	ASES OR CONDITIONS, I		DUE		••••••••••••••	***************************************	
	ERLYING CONDITION L						
			(0)	,	***************************************		
отн	ER SIGNIFICANT COND	ITIONS CON-					
TRIB	UTING TO THE DEATH, BUT HE DISEASE DR CONDITION	NOT RELATED					
		9B. MAJOR F	INDING	S OF OPER	RATION		20. AUTOPSY?
							YES ND
UNDER	TERNAL CAUSE WAS LYING OR CONTRIB- CAUSE OF DEATH.	about home, farm		JURY (e. g., i street, office hldg.,		If in Baltimore City,	give exact location)
	ME (Month) (Day) (Year	1	E. INJU	RY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
OF INJ		WHI	LE AT	NOT WHILE			
22. 1	ecrtify that I took char					topsy	thereon and from
					Autopsy, Inquiry, find that said d	Inspection or Inquiry	the day stated above
an	d death in my opinion	resulted fro	m: nat	tural cause	s X, accident , suicide	, homicide ,	undetermined $\square$ .
	GNATURE	RAF	oh	e M	23B. CHIEF MEDICAL ASSISTANT MEDICAL I.D. MEDICAL INVESTIGA	EXAMINER 2	Sc. DATE SIGNED
4A. BURI	AL, CREMA- 248. DATE	24	c. NAME	E OF CEMETE	RY DR CREMATORY 24D. L		
ION, REMOV	/AL (Specify)			IOHN HOPKINS	MEDICAL SCHOOL JAN 2	2 1953	
DATE REC		S SIGNATURE		42.	25 FUNERAL DIRECTOR	7	ADDRESS
LO Z	OISTRAR	G	Will:		of theter	VIII. must	17
V S 151		0			0		1



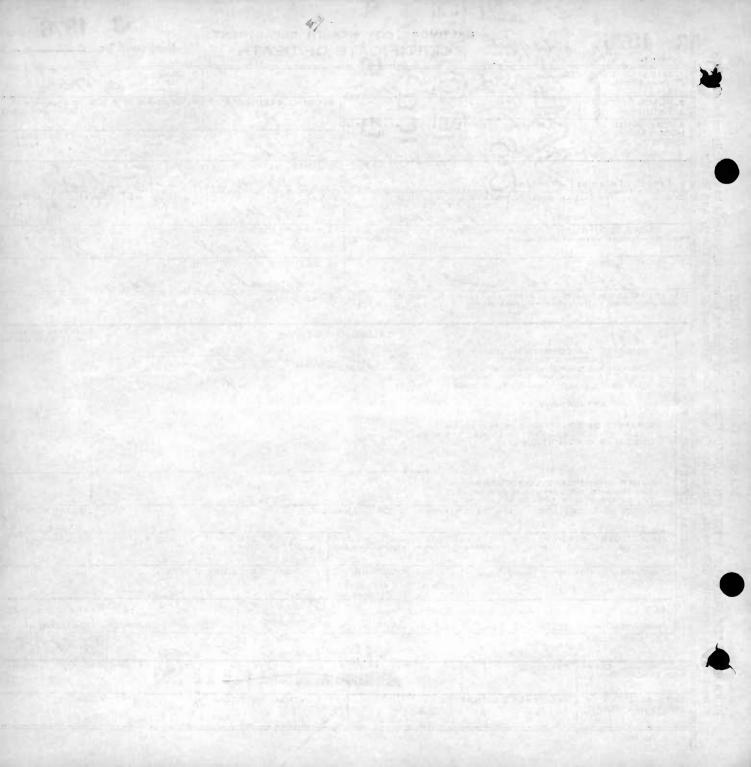




BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  1. NAME OF DECEASED (Type or Print)  2. DATE OF DEATH  3. PLACE OF DEATH: A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or below the street addr	tered No
(Type or Print) Baby girl Willer DEATH	The Let al Delace and the last
3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased	2-9-53
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR location) C. CITY OR TOWN (If outside corpore	ate limits, write RURAL and
ONIVERSITY HOSPITAL KALTIMORE - 2    Yrs. D. STREET ADDRESS (If rural, give local mos.)	inion) 12 13 W/N
c. Length of stay in Baltimore	years I Under 1 Year   II Under 24 I
F C WIDOWED SIVORGED (Specify) 2-6-5-3 last birth	day) Months Days Hours M
10A. USUAL OCCUPATION (Givekind of working life, evec if retired)  To fant INDUSTRY  Waryland	12. CITIZEN OF WHAT COUNT
13. FATHER'S NAME  LAWYER Bryant  Barbara J. Mill	ler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Winchestor St.
18. 762.5 CAUSE OF DEATH	INTERVAL BETV
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Otology  Atology  Leading To Death	ONSE! AND D
(This does not mean the mode of dying, e.g., (A) HATAIEC TAVIS heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
Z ANTECEDENT CAUSES fromaturity	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
L C	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION	I 20, AUTOPSY
	YES NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore in Baltimore) 1 injury occur?	e City, give exact location)
2 2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRED 2 1F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK	
	, 1857, that I last saw
deceased alive on 2 - 9, 1953, and that death occurred at 1/30 am., from the causes an	nd on the date stated abo
23A. SIGNATURE Color Color University Hospita	23c. DATE SIGN
MI DI	ty, town, or county) (Sta
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	aur-, my
VS 150	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOW (If outside corporate limits, write RURAL and give INSTITUTION township) legibly. Yrs. 6. STREET ADDRESS (If rural, rive location) Mos. c. Length of stay in Baltimore Days information should be of death clearly and l 5. SEX 6. COLOR OR RACE 9. AGE Mh years 7. SINGLE, MARRIED 8. DATE H Under 1 Year H Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Newbarn 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done doring most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. oo or ooknowo)! (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes. oo or ooknowo) SECURITY NO. causes of item INTERVAL BETWEEN CAUSE OF DEATH 18. FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH the rematurity (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES J INK. NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO NFADING UNFADING Physicians: 1 UNDERLYING CONDITION LAST. MARGIN ERTIFI (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL important. (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY ecially NOT WHILE WHILE AT WORK AT WORK PL. 1053that I last saw the 22. I hereby certify that I attended the deceased from. ITE esp 1953, and that death occurred at m., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23A. SIGNATURE 23B. 2 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR · ov VS 150



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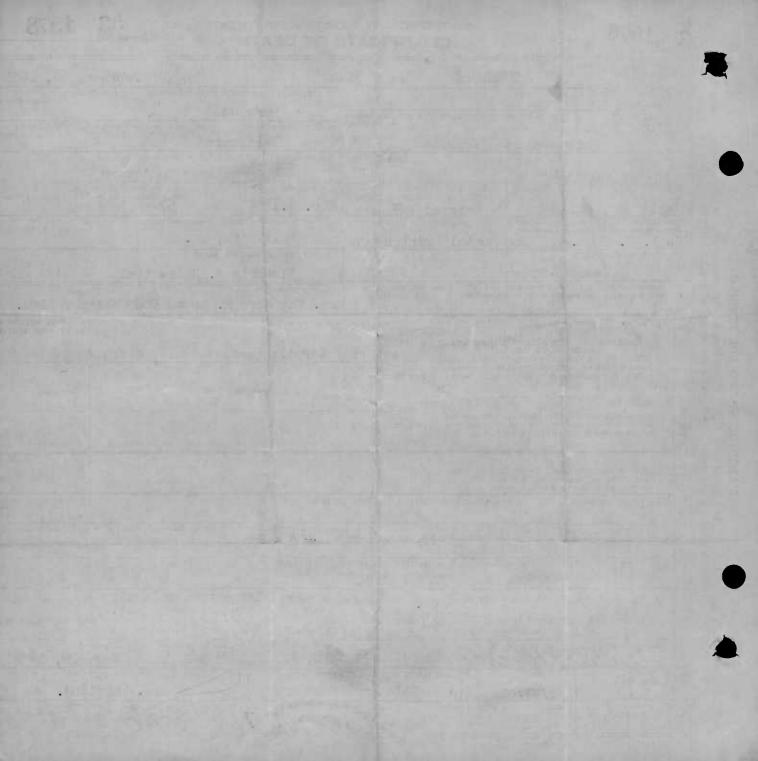
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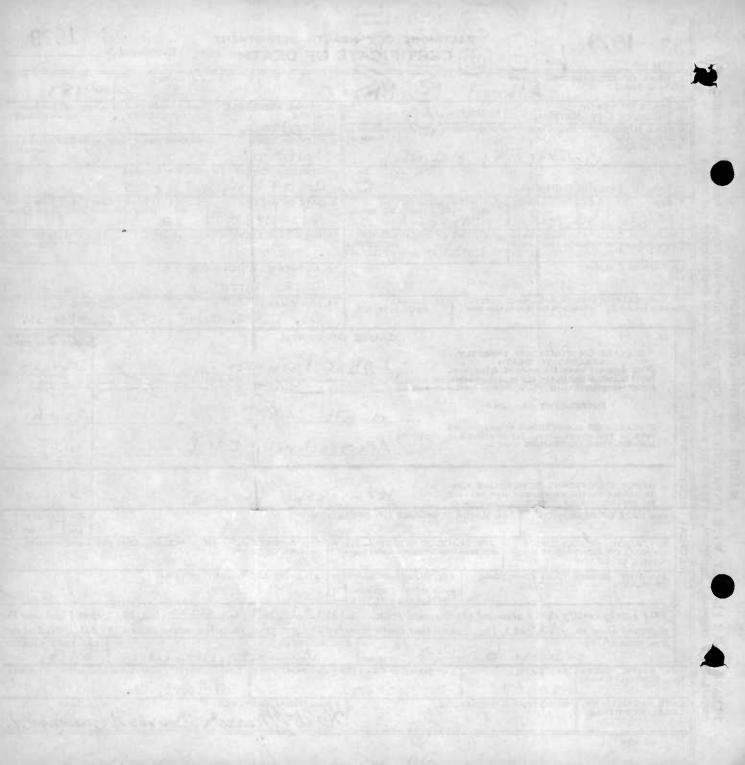
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No. 1978

BIRTH NO.			92111111101111	- 0: DEX		
1. NAME OF (Type or Print		HEODORE	R. BR	OWN	OF Februa	ary 20, 1953
3. PLACE OF A. Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE (	Where deceased lived. If in B. COUNTY	stitution: residence before admission
B. FULL NAM		al or institut	ion, give street address or location)			
INSTITUTION			/	C. CITT OR TOWN (1	f outside corporate limits,	write RURAL and give
444	Union Memori	Lal Hos		Baltimore		05
			Llie Yrs.	D. STREET ADDRESS (If		
c. Length of	stay in Baltimore	- CINCL	Days		ther Boulevard	
			E. MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH		nder I Year   If Under 24 Hours ths: Days   Hours   Min.
Male	White	Marı		Mar. 8.1895	1 51	
ork done during me	OCCUPATION (Give kind of ost of working life, even if retired)		INDUSTRY	11. BIRTHPLACE (State or i		2. CITIZEN OF WHAT COUNTRY
Sopt. V.		umental	Printing Co	Baltimore,		
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
	James I. Brown			Victoria E.	Rosensteel	The second second
15. WAS DECEA	ASED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
			020011111101	Mrs. Theodore R.	Brown 5000 Wal	Lther Blvd.
C C C C C C C C C C C C C C C C C C C	LEADING TO DEA: leading To The Mode of liure, asthenia, etc. It mes or complication which of ANTECEDENT CAUSE ES OR CONDITIONS, I DEATH ABOVE CAUSE (A) RELYING CONDITION LA  SIGNIFICANT CONDITION ING TO THE DEATH. BUT DISEASE OR CONDITION DISEASE OR CONDITION DISEASE OR CONDITION	TH  of dying, e. g. uns the diseas caused death  SES  F ANY, GIVIN STATING TH  STATING TH  STATING TH  ONLY  ONLY  NOT RELATE	(B)(C)(C)(C)(C)(C)	sclerotic cardio		Se
			FINDINGS OF OPER	ATION		20. AUTOPSY?
1						YES NO X
21A. EXTE	RNAL CAUSE WAS ING  OR CONTRIB- CAUSE OF DEATH.		CE OF INJURY (e. g., in arm, factory, etreet, office bldg., e		If in Baltimore City, giv	e exact location)
21p. TIME OF INJUR	(Month) (Day) (Year) Y	` '	VHILE AT NOT WHILE WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
the e	vidence obtained by degth in my opinion	said Auto	psy, Inspection or I rom: <u>natural causes</u>	inquiry, find that said d X, accident □, suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL	Inspection or Inquiry eceased died on the ☐, homicide ☐, unc	day stated above determined □.
24A. BURIAL. TION, REMOVAL	CREMA- 248 PATE	N X		.D.   MEDICAL INVESTIGAT RY OR CREMATORY   24D. L	OR?	
Burial	2/23/5	3	Cathedral	Cemetery E	Baltimore. Mary	rland.
DATE RECEIVE	ED BY REGISTRAR		Blama Mo	25 FYNERAL DIRECTOR	N805 Mali	ADDRESS J
V S 151		0	290	413		1

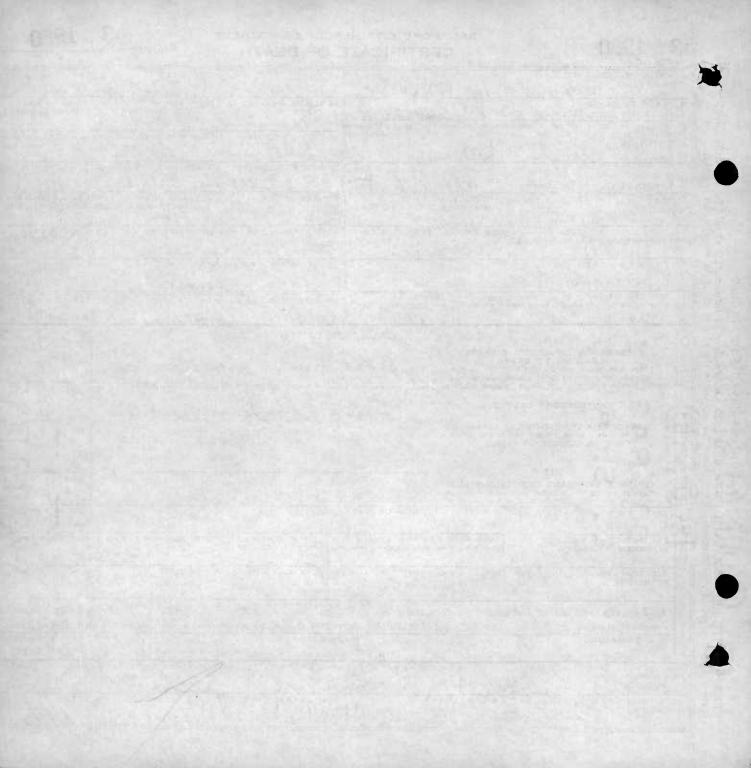


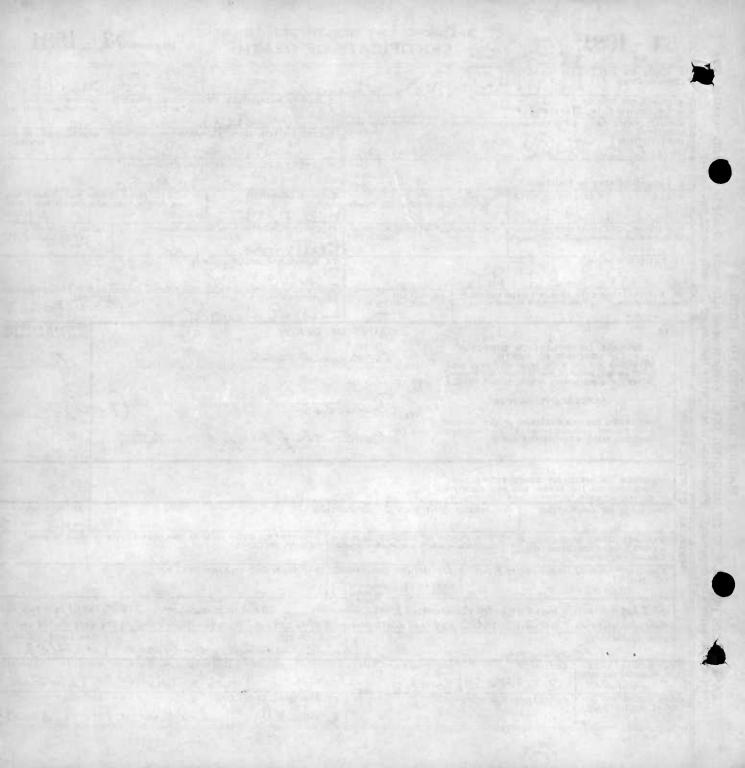
M		000	FALTH DEPARTMENT 53	4 Cm0
he		1 ( 1,3/1)	E OF DEATH Registered No	-L. (1. 11 C)
F. Po	$\sqrt{1}$	NAME OF DECEASED (Type or Print)  Albert 3. Mey	2. DATE OF DEATH 2 2	-0 53
ully supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland Baltimore, Md.  FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If in a. STATE B. COUNTY	stitution : residence before admission)
ully s		OSPITAL OR location)  Nouversity Bospital		write RURAL and give township)
vDING information should be consistent of death clearly and legibly.		Length of stay in Baltimore  GO Yrs.  Mos.  Days		-
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ING format f death		Albert Meyer  5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Clara Cavarro	
of of	(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Ella M. Meyer 2909 Winc	hester St.
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RESERVED FINK. Every please write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	to URI	
NG INK.	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	ioscleratic CVD.	L Hee Ks
MARGIN F UNFADING Physicians: p	ERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	icions Ahemia	2 112045?
H .	CAL C	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Y, WITI	MEDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	etc.) INJURY OCCUR?	e exact location)
ally		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  ni. WHILE AT NOT WHILE AT WORK		
ITE PI		22. I hereby certify that I attended the deceased from deceased alive on 2 2 3 53, 19 and that death occur 23A. SIGNATURE	rred at 9 0 m., from the causes and on the	
ag 15	2.4 TI	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	University Hospital	2/20/53
PLEASE correct ag	D	ATE RECEIVED BY   REGISTRAR'S SIGNATURE		DDRESS
Ho		VS 150	19. W. 11/2015 4 Don 805 11. t	solvery St.



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NDING	informatios of death	
MARGIN RESERVED FOR BINDING	ery item of e the causes	
RESERVE	INK. Eve	
MARGIN	PLEASE RITE PLANTY, WITH UNFADING INK. Every item of information should be callly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.	
	Y, WITH nportant.	-
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1,	53	1980	BALTIMORE CITY HE CERTIFICATI		53 Registered No.	1980
S.	ВІ	RTH NO.	CERTIFICATI	E OF DEATH	registered roa	
- Po		NAME OF DECEASED  Special DENNY SOPHIA	A HAVEN		2. DATE OF DEATH 2/2/	15-3
ully supplied.	A.	Baltimore City, Maryland 3308	Elleshi Box	4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	itution: residence before admission)
ly su	H	FULL NAME OF (If not in hospital or in DSPITAL OR STITUTION ,/	stitution, give street address or location)		outside corporate limits, w	rite RURAL and give township)
lul ly.		Union Memorial Ho	o pital	D. STREET ADDRESS (If)	rural, give location)	.5
should be carry	-	Length of stay in Baltimore	about 16 Days	330 8 Ellers	lie avenue,	#18
	5.	emale white	NGLE, MARRIED, IDOWED, DIVORCED (Specify)	Quely 17. 1878		s Days Hours Min.
	10 work		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	CITIZEN OF WHAT COUNTRY?
ion h cl	13	FATHER'S NAME	non!	14. MOTHER'S MAIDEN NA	MF	USA
NG rmati death		EBERHARD HAYEN			INGTON	
of of	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORC	ES?   16. SOCIAL ice)   SECURITY NO.	17. INFORMANT FRIEND		RESS 416
	(200	No No	NO	MISS JOSEBHINE RIK	HARDSON , 2601	LAWINA ROAD
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		DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin	0 0	. vascular acci	dent	
Every write th		heart failure, asthenia, etc. It means the injury or complication which caused	disease,		#C0000012,000.2	
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RESE INK.	TION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI		restine contrare	way consist	
7.7	CAT	UNDERLYING CONDITION LAST.	NG THE DUE TO			
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MARGIN NFADIN nysicians:	ERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F				
	Ü	19A. DATE OF OPERATION   19B. MA	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
WITH rtant.	CAL	0				YES NO D
	EDIC		B. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg.,		f in Baltimore City, give	e exact location)
LLY, impo	Σ	21D. TIME (Month) (Day) (Year) (Hour	) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
ally			m. WHILE AT NOT WHILE			
TE PLA especially		22. I hereby certify that I attended	the deceased from	2/5 1953 to	2/21, 19 53t	hat I last saw the
EITE is esp		deceased alive on 2/2/, 19_23A. SEGNATURE	the deceased from  53, and that death occur	rred at 3 = (m., from the 3B. ADDRESS	he causes and on the	date stated above.
e is		Heorgia Ryn	olds M.D.	Union Memoral	Hospital 2	21/53
SE	710 TIC	AA. BURIAL, CREM () 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town, or	county) (State)
PLEASE correct ag	3	ATE RECEIVED BY REGISTRAR'S SIG	NATURE OULIN	25. FUNERAL DIRECTOR	asso my	DDRESS
PI		OCAL REGISTRAR Tuntingto	Williams ME	Stewart + Moe	~(8. /3al	6 Mld.
		VS 150	~450			/ /





1982

before admission)

Hours Min.

WHAT COUNTRY?

INTERVAL BETWEEN

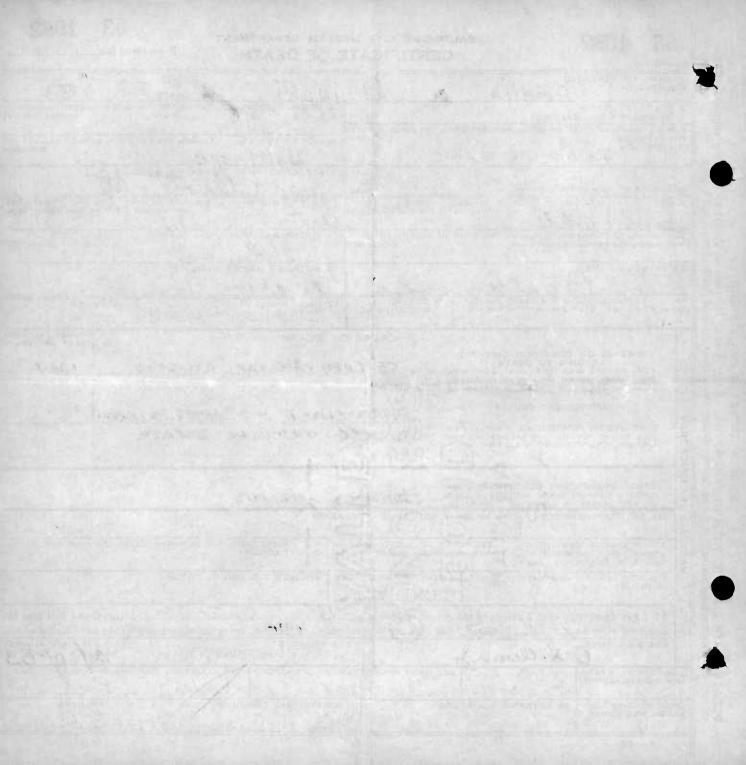
ONSET AND DEATH

20. AUTOPSY YES X

PLEASE

LOCAL REGISTRAR

VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 Registered No. 1983

3 198	3	В			OF DEATH	Registered	1 No
1. NAME OF D (Type or Print)	MARY	LOUISE	В	ERNER	(BOERNER)	2. DATE OF DEATH Feb	ruary 20, 1953
3. PLACE OF D		ıd			4. USUAL RESIDENCE	B. COUNTY	If institution: residence before admission
	OF 'f not ir			7 4 1 1 700	Marylan c. city or town Baltim	(If outside corporate lin	nits, write RURAL and give township
0				Yrs. Mos.	D. STREET ADDRESS		
c. Length of s				Days		t. Paul Stree	
5. SEX Female	6.COLOR OR		SLE, MARRIED, OWED, DIVORCED		B. DATE OF BIRTH		Months Days Hours Min
10A. USUAL OC work done during most	CUPATION (Giv		ND OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME				14. MOTHER'S MAIDEN	NAME	
15. WAS DECEAS (Yes, no or nnknown)	ED EVER IN U. S	ARMED FORCES of dates of service)	16. SOCIAL SECURIT	Y NO.	17. INFORMANT	2710 n. l.	ADDRESS
heart failt injury or	LEADING TO s not mean the are, asthenia, etc complication v ANTECEDENT S OR CONDITION THE ABOVE CAUSTING CONDITION	It means the dis which caused de CAUSES ONS, IF ANY, GI SE (A) STATING	ease, ath.) NOEXIO		elerotic cardio	Jvasculai (IS	5456
TRIBUTING	II SIGNIFICANT S TO THE DEATH DISEASE OR CON	. BUT NOT REL	ATED				V
U 19A. DATE C	OF OPERATION	19B, MAJ	OR FINDINGS O	F OPERA	TION		20. AUTOPSY?
UNDERLYIN	NAL CAUSE W	TRIB. about hor	PLACE OF INJUR ne, farm, factory, street, c	Y (e. g., in coffice bldg., etc	21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	, give exact location)
	(Month) (Day)	(Year) (Hour)		CCURRED TOT WHILE	21F. HOW DID INJ	URY OCCUR?	
the evi	idence obtaine ath in my op	ed by said A	utonsu. Inspecti	ion or In	Autop	sy, Inspection or Inquirel deceased died on ide , homicide	the day stated abov, undetermined □. 23c. DATE SIGNED
24A. BURIAL. TION REMOVAL (S	CREMA- Specify)	Jours 152	AC. NAME OF	M.C CEMETER		GATOR	Feb. 20, 1953 vn, or county) (State)
DATE RECEIVE LOCAL REGIST		TRAR'S SIGNA		A A	25. FUNERAL DIRECTO	etol 3615-17	ADDRESS bleating Sure.

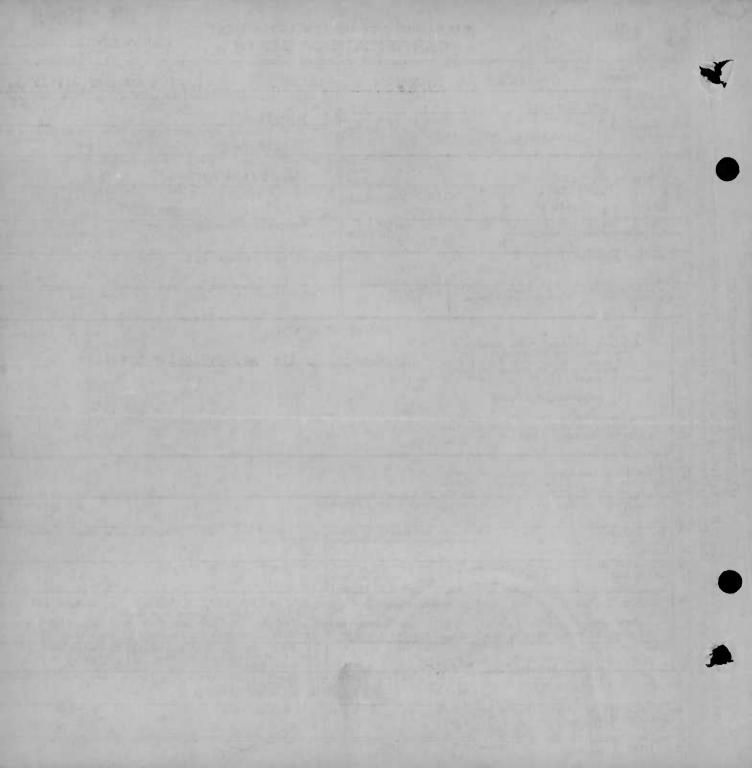
See directive from Medical Examiner in Document File

### BALTIMORE CITY HEALTH DEPARTMENT

	NAME OF D	ECEASED DOC1	K	ROUCH	2. DATE OF DEATH Januar	ry 21, 1953
	. PLACE OF D	EATH: City, Maryland		4. USUAL RESIDENC	CE (Where deceased lived, If in	
В.	FULL NAME	OF 'f not in hospit	al or institution, give street address locatio		(If outside corporate limits,	
11	NSTITUTION	University	Hospital	Baltimore	2/-0	townshi
C.	Length of s	tay in Baltimore	Yrs Mos Day	201 Myrtel	,	
5.	Male	6.COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special	8. DATE OF BIRTH		Inder 1 Year the Days Hours Min
10 wor	A. USUAL OC k done during most	CUPATION (Give kiod of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTR
13	3. FATHER'S	NAME	N	14. MOTHER'S MAIDE	EN NAME	
15 (Ye	5. WAS DECEASI	D EVER IN U.S. ARMED (If yes, give war or date	FORCES?   INSOCIAL	17. INFORMANT	AD	DRESS
	DISEAS (This does	EE OR CONDITION LEADING TO DEATH OF THE PROPERTY OF THE PROPER	DIRECTLY TH of dying, e. g (A) Arteri	OF DEATH	iovascular Diseas	
⋖	(This does heart failure injury or DISEASE: RISE TO TUNDERLY	EE OR CONDITION LEADING TO DEA- not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	DIRECTLY TH of dying, e. g., caused death.)  SES  F ANY, GIVING STATING THE  CC)  CC)  CO  CTIONS CON.			
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EDICAL CERTIFICATIO	OTHER S TRIBUTING TO THE D  21A. EXTERN UNDERLY UNDERLY  21A. EXTERN UNDERLY UNDERLY  21A. EXTERN UNDERLY UTING C  21A. TIME (OF INJURY)  22. I ccrtiy the evi	EE OR CONDITION LEADING TO DEA- not mean the mode of ore, asthenia, etc. It mea complication which of the complication which of the complication which of the above cause (A) (ING CONDITION) LA CONDITION LA CONDITION LA CONDITION LA CONDITION OF OPERATION 19 OF OPERATION 19 OF CONTRIBUTION (AUSE OF DEATH. Month) (Day) (Year)  Ty that I took char dence obtained by	DIRECTLY TH of dying, e. g., ins the disease, raused death.)  DUE TO  SES  (B)  STATING THE OUE TO  OUT  TIONS CON. NOT RELATED CAUSING IT.  9B. MAJOR FINDINGS OF OPE  21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bidg  (Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE	RATION  in or   21c. WHERE DID   INJURY OCCUR?  RED   21f. HOW DID IN.  E   Auto   Auto   Auto   Inquiry, find that sai	(If in Baltimore City, give JURY OCCUR?  tial autopsy ppsy, Inspection or Inquiry id deceased died on the	20. AUTOPSY? YES NO [ ve exact location)  thereon and fro day stated abor

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PLEASE correct age

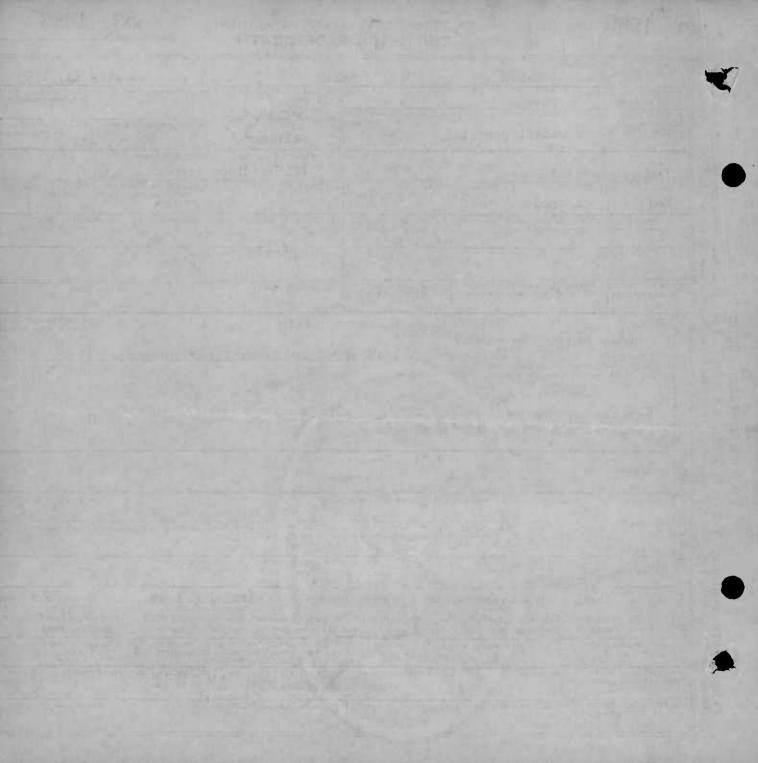


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1986 BALTIMORE CITY HEALTH DEPARTMENT

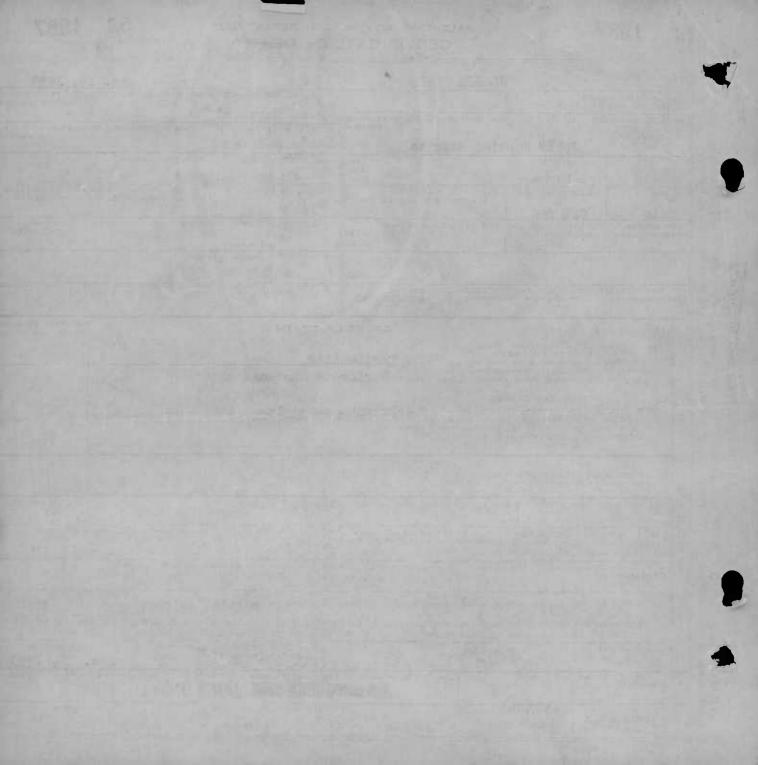
1986

BIRTH N	10.		LERIFICATI	E OF DEATH	itegistered	110	
	OF DECEASED	**			2. DATE OF Towns	20	2072
	TALF.	H	JENI	INS	DEATH Janu		
	e OF DEATH: more City, Maryland			4. USUAL RESIDENCE (	B. COUNTY		residence ore admission
B. FULL	NAME OF 'f not in hospit	al or institutio	on, give street address or location)	Maryland			
HOSPITA		Hospi tal			If outside corporate lim	its, write RU	RAL and give
36		TOOP COL		Baltimore	19-0		
= 41			Yrs. Mos.	D. STREET ADDRESS (I			
c. Lengt	th of stay in Baltimore		Days	1715 Madisor		Mile In 1 Ven	T M 41-4 04 11
Male		7. SINGLE, WIDOWE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Ionths Days	Hours Min.
	JAL OCCUPATION (Give kind of ring most of working life, even if retired)		OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or	foreign country)	12. CITIZ	EN OF
	and most of working life, even if restred/	K	INDUSTRI	K		WHAT	COUNTRY
13. FATH	HER'S NAME		N	14. MOTHER'S MAIDEN	NAME		
			0	0			/
15. WAS I	DECEASED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	1
(1es, no or u	(11 yes, give war or date	s or service)	SECURITY NO.	N			
18. 4	490X		CAUCE	OF DEATH		INTER	VAL BETWEEN
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TR TO	THER SIGNIFICANT CONDI- IBUTING TO THE DEATH, BUT THE DISEASE OR CONDITION	NOT RELATED					
1	DATE OF OPERATION   1	9B. MAJOR I	FINDINGS OF OPER	ATION		20. A	NO NO
UNDE UTING	EXTERNAL CAUSE WAS ERLYING   OR CONTRIB. G   CAUSE OF DEATH.	about home, far	CE OF INJURY (e. g., i m, factory, street, office bldg.,	ite.) INJURY OCCUR?	(If in Baltimore City,	give exact	location)
	TIME (Month) (Day) (Year) NJURY	WH	1E. INJURY OCCURR HILE AT HOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?		
23A. S	the evidence obtained by and death in my opinion	said Autop	osy, Inspection or I om: <u>natural causes</u>	Autopsy, inquiry, find that said of M, accident □, suicide □, Sui	, Inspection of Inquiry deceased died on te [], homicide [], EXAMINER	the day st undetermi 3c. DATE S 1/19/53	ned [].
	OVAL (Specify)		JAN HO	WAYS WEDICAL SCHOOL JA	N 3 TON 1953 town		
	CEIVED BY REGISTRAR	S SIGNATUR	E Cond. I.	25. FUNERAL DIRECTOR	-Williama,	ADDRESS	5



1987 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF JOSEPH BELL Jan. 19, 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION carefully Balt imore Johns Hopkins Hospital p. STREET ADDRESS (If rural, give location) legibly Yrs. Mos. No Home Address c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year and last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male Colored should 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR clearly INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes of INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Every item write the cau FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Peritonitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE To Perforate duodenal ulcer MARGIN RESERVED injury or complication which caused death.) ANTECEDENT CAUSES INK. (B) Bronchopneumonia... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X important (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. ā UTING [] CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT ecially WORK AT WORK 22. I certify that I took charge of the remains described above, held an partial autopsy. Inspection or Inquiry thereon and fron the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above esp and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined 23B. CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER age Jan. 22. M.D. MEDICAL INVESTIGATOR. SE 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B, DATE TION, REMOVAL (Specify) PLEA! ADDRESS 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Juarlings

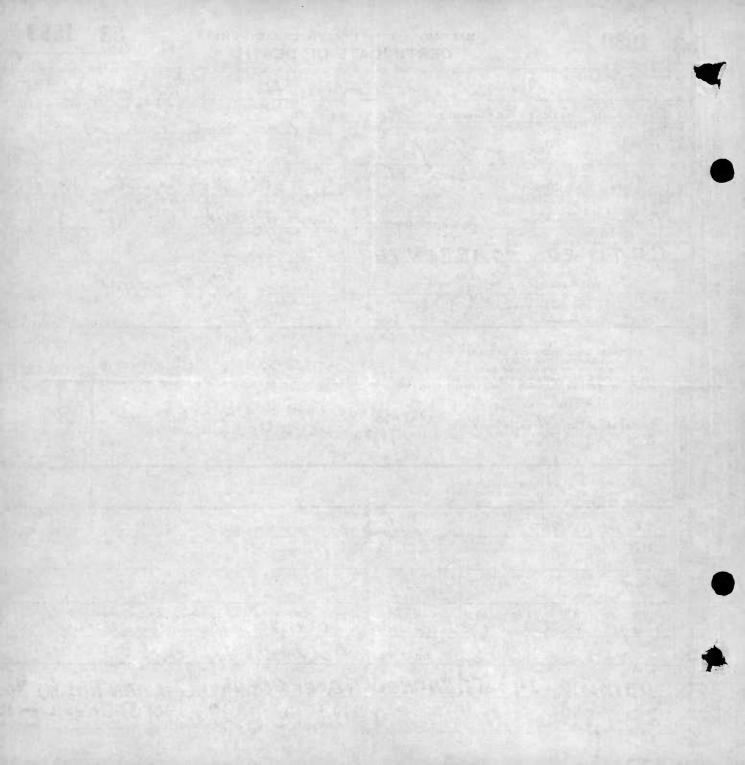
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1		4 GOO BALTIMORE CITY H	EALTH DEPARTMENT	53 1988
supplied: The	5		E OF DEATH	Registered No
		RTH NO.		
		NAME OF DECEASED  Prior Print)  CHARLES  LE	$\epsilon$	DEATH 1-23-53
	A.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	deceased lived, If institution; residence B. COUNTY before admission)
ully su	H	FULL NAME OF (If not in hospital or institution, give street address of spiral OR location		ide corporate limits, write RURAL and give
Every item of information should be conwrite the causes of death clearly and legibly.	2	U. FI	D. STREET ADDRESS (If rural	l, give location)
	c.	Length of stay in Baltimore Mos. Days	309 5	Sharp
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min.
		A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	12. CITIZEN OF WHAT COUNTRY?
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	. O H
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	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
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lve		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	bronchopnemonic	8
		ANTECEDENT CAUSES	meningitio, preu	nocceel
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IF.	ERT	OTHER SIGNIFICANT CONDITIONS CON-		
PA	S	TO THE DISEASE OR CONDITION CAUSING IT.		
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			erred at 2 35 A m. from the co	auses and on the date stated above.
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PLEASE correct ag		TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS

ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES X ty, give exact location) 9_I, hat I last saw the n the date stated above. 23c. DATE SIGNED own, or county) ADDRESS 11-

1988



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egib	c.	0	tay in Baltimore	2.	IFE N		EET ADDRESS (1:	, , ,	t.	-
d b	1	M	6. COLOR OR RAC	7. SINGL	E. MARRIED. WED, DIVORCED (Sp.	8. DAT	E OF BIRTH	9. AGE (In years last birthday)	ff Under 1 Year Months Days	If Under 24 Hours Hours Min.
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	AL C		F OPERATION		R FINDINGS OF C	PERATION			20. A	AUTOPSY?
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VRITE PL		22. I hereb deceased as 23A. SIGNA	y certify that I live on feb. 2	attended the	and that death o	726 / ccurred at 1 23B. ADD	7 : 20m., from	Fe620, 19 the causes and on QUARE HO	the date st	TE SIGNED
4	24 TIC	AA. BURIAL.	CREMA- 24B, DAT	-53	M. D 24C. NAME OF CEN HOLY RE	ETERY OR CF		COARE HOLD COLOR TO BELLIR	vn, or county)	(State)
PLEAS correct	D/ LC	ATE RECEIVE DCAL REGIST	RAR	tugtor	Walliazus 31		NERAL DIRECTOR	1 901 S		KLINGS 4,MD
J E		VS 150		0	1/2	901	V ()			

1991

township)

Registered No.

(Where deceased fived, If institution; residence B. COUNTY before admission)

(If outside corporate limits, write RURAL and give

(If rural, give location)

H Under 1 Year

M Under 24 Hours last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY

ADDRESS

20. AUTOPSY

INTERVAL BETWEEN

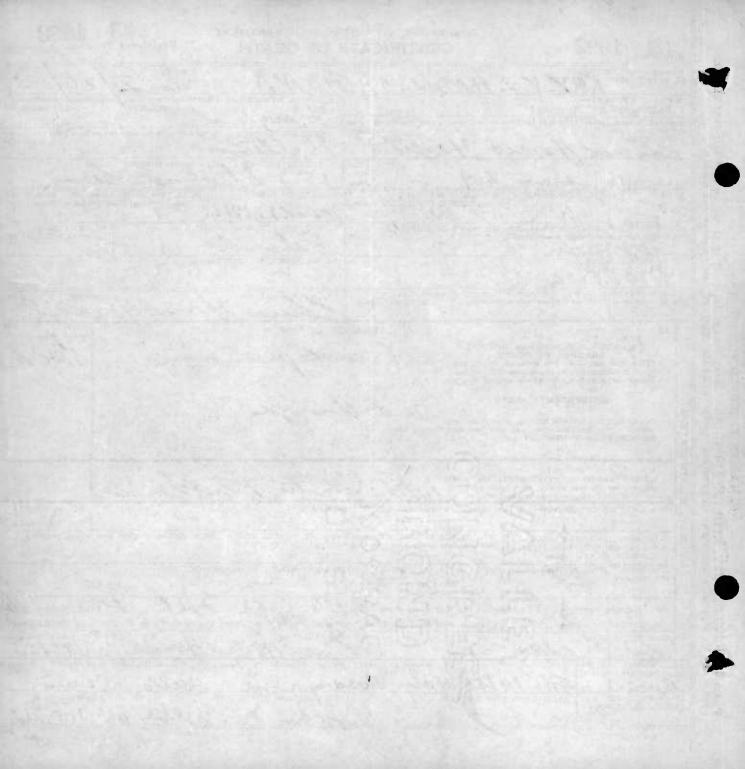
ONSET AND DEATH

(If in Baltimore City, give exact location)

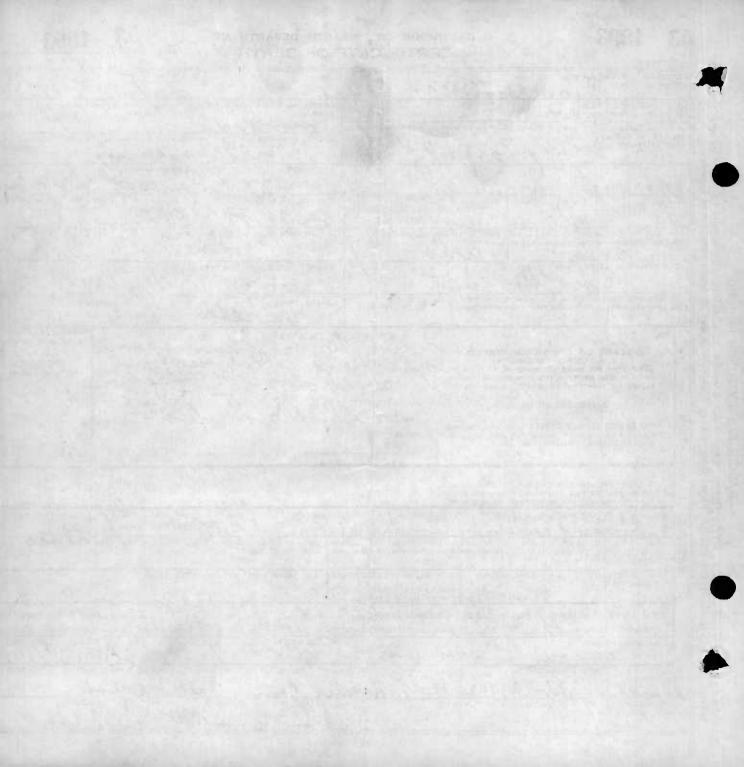
19, 195 Sthat I last saw the 19.33 and that death occurred at 4 P. m., from the causes and on the date stated above, 23c. DATE SIGNED

MARGIN RESERVED FOR BINDING

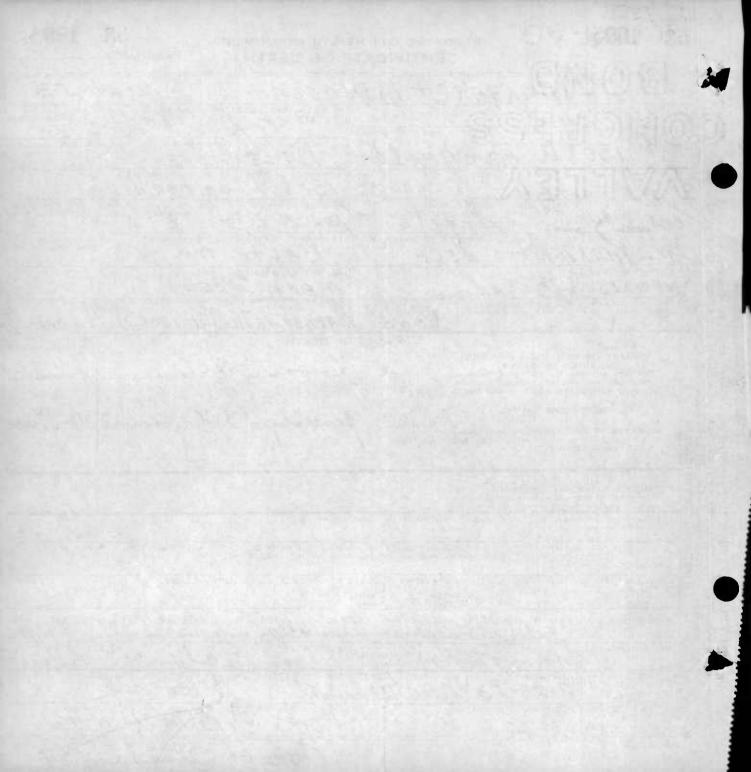
	BALTIMORE CITY HI	EALTH DEPARTMENT	53	1992
BIRTA No. 1992	CERTIFICAT	E OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print)	ANOWS KI.	AMNA	2. DATE OF DEATH 2	20/53
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI	nere deceased lived. If i	nstitution: residence before admission
HOSPITAL OR	nstitution, give street address or location)		outside corporate limits,	ALIO,
institute of met	Tropited	Baltimor	e 6	township
3	Yrs.	D. STREET ADDRESS Alf re	ural, give location)	
c. Length of stay in Baltimore	Days	153 sper		are
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13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
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(Yes, no or unknown) (If yes, give war or dates of sort	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	n- 11/10	DRESS
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TRIBUTING TO THE DEATH, BUT NOT F	ELATED // TOO	butter Hear	t Series	
	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
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24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town,	or county) (State)
Burial Feb 24/	r3 Holy Ros	ary cen	Balta.	Country
DATE RECEIVED BY REGISTRAR'S SIG	NATURE	25 JUNERAL DIRECTOR	Delve un	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A-STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) fully C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) legibly. curve (True leg venouation) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore TNOK Days ld be 5. SEX 6. COLOR OR/RACE 7. SINGLE, MARRIED 8. DATE OF M Under 1 Year It Under 24 Hours AGE (in years last birthday) | Months; Days | Hours : Min. should learly an WIDOWED, DIVORCED (Specify) ronce 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR work done during most of working life, even if retired) Toreign country) 12. CITIZEN OF INCUSTR WHATCOWNT information of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NOV 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, ao or unknown) BECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH y item 4-0.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. Injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ...... ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. MAJOR FINDINGS OF OPERATION 20. AUTOPSY \$ 65 true Fens important, scovyling 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY ecially NOT WHILE WORK 22. I hereby certify that I attended the deceased from that I last saw the 1951, and that death occurred at 3 Pm., from the courses and on the date stated above. deccased alive on 23A. SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. PLEASE Busca ADDRESS DATE RECEIVED BY LOCAL REGISTRAR VS 150



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he		7 1994	HEALTH DEPARTMENT  TE OF DEATH  Registered N	TOUR			
P. Co	1.	NAME OF DECEASED OCTANIA DU	walt 2. DATE OF DEATH 2-	20-53			
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>	4	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR OF INJURY   WHILE AT   NOT WHILE	3.				
PLA eciall		22. I hereby certify that I attended the deceased from Dec 2/ 1957, to 7420, 1953, that I last saw the					
RITE is esp		deceased alive on 121 , 1963, and that death occ	urred at <b>8:45</b> m., from the causes and on th	e date stated above.			
D.	2	Geller L. Manfield M.D.	TERY OR CREMATORY   24D. LOCATION (City, town,	2/2/1/3			
ASE ect a	Tic	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETON, REMOVAL (Specify) 2-25-50 Hanne	W Ben new-Berry	S.C.			
PLEASE correct as		ATE RECEIVED BY REGISTRAR'S SIGNATURE COLL REGISTRAR Tuntuyton	25. FUNERAL DIRECTOR Suffi	ADDRESS &			
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, , ,	5	53 1996  BALTIMORE CITY HEALTH DEPARTMENT  SERVICE OF DEATH  Registered No.	5
ne	BI	BIRTH NO. CERTIFICATE OF DEATH REgistered No.	
eo,	(T	1. NAME OF DECEASED (Type or Print) CHARLES LAWRENCE Mc Coy DEATH FEB 21, 19	53
supplied			sidence admission)
	B. Ho	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR U.S. PUBLIC HEALTH SERVICE HOSP.  C. CITY OR TOWN (If outside corporate limits, write RURA)	L and give
ully y.	IN	NYMAN PARK DRIVE + 318+ STREET, BROOKS VILLE	township)
legion	-	c. Length of stay in Baltimore 3/2  D. STREET ADDRESS (If rural, give location)  Days	
ld be	5.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years if Under   Year   Year   If Under   Year   Year   Year   Year   Year   Year   Year   Year   Year	Under 24 Hours ours Min.
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KESE INK. please	Z		***************************************
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hd .	AL	1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUT	NO
Y, WITI	EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.) CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or line) 21C. WHERE DID (If in Baltimore City, give exact local injury occur?	tion)
	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
FE PLA especially		m. WHILE AT NOT WHILE AT WORK	
E F		degenced alive on FES 21, 1953, and that death occurred at 8:40 Pm., from the causes and on the date state	
RITE Is esp		23 S CNATURE 23B. ADDRESS 23C. DATE	
	24	24a. BURIAL. CREMA- ZAB. DATE 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(State)
ASE ect a	TH	removal (Specify) 3/23/53 Blowns V. 1/4 Jenn 2.	
PLEASE correct a	D	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	

No.

BIRTH NO

5. SEX

Male

and

early

(Type or Print)

NAME OF DECEASED

nnknown

13. FATHER'S NAME

(Yes, no or unknown)

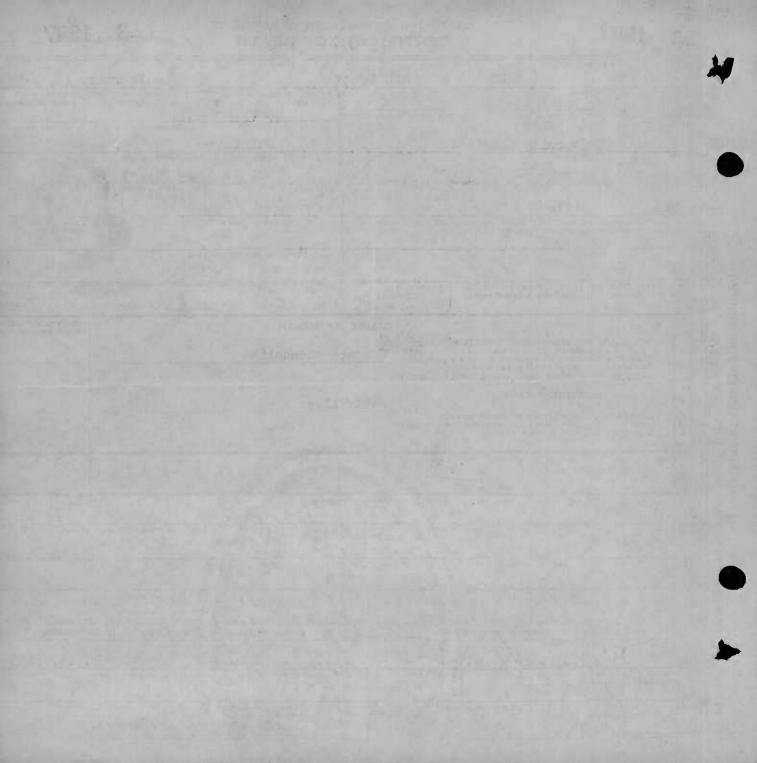
3. PLACE OF DEATH:

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1997 CERTIFICATE OF DEATH 2. DATE OF BURL MILLION DEATH February 13, 1953 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) "f not in hospital or institution, give street address or Maryland location) (If outside corporate limits, write RURAL and give University Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 401 N. Eutaw Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) White 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY enn. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO LIEWIAN tunera omp. - Tellico. 410-09-429 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Chronic alcoholism DEDEXTO Fatty liver OUF TO (C) .... 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT WORK AT WORK Partial Autopsy thereon and from Autopsy, Inspection or Inquiry 23B. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER ....

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE ATI UNDERLYING CONDITION LAST. U OTHER SIGNIFICANT CONDITIONS CON-RT TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш U 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. ā UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I certify that I took charge of the remains described above, held an _ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). MEDICAL INVESTIGATOR. Feb. 13. PLEASE correct ag 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR V S 151

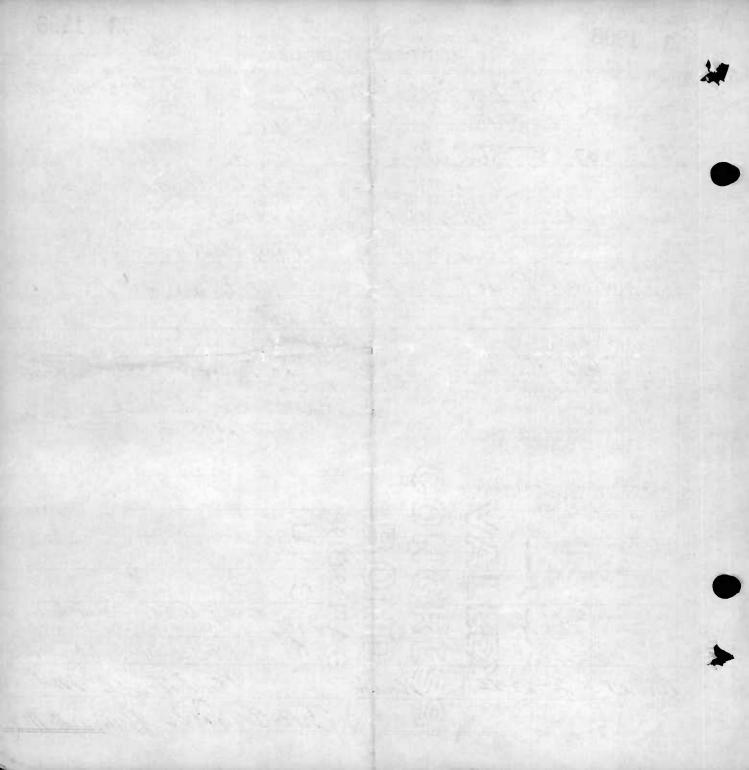


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	1998

	CERTIFICATE OF DEATH Registered No.						
	Type or Print) Margaret Aun Sonlies	Karn 2. DATE OF DEATH Fel	5 21, 1953				
	Baltimore City, Maryland Botto Md	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)				
	S. FULL NAME OF (If not in hospital or institution, give street address location) NSTITUTION  307  Shieker  8		s, write RURAL and give township)				
	E. Length of stay in Baltimore	309 S Stricken	ST				
	Female White. Widowed Divorced (Sps.	gify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Mc	onths Days Hours Min.				
w	OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUST INDUST NOW OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?				
	John William Pearl -	Margaret L, Stale	V -				
(	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	Mis Helen Karn	DDRESS				
	18. 477. 1  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO ALLEASE  CAUSE OF DEATH  (A) ASTERIASCURSCURSTIC CAUSED VONDER 1090.						
1401	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	pot preumontos -	10 days				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF O	The state of the s	YES NO X				
	HOMICIDE (Specify) shout home, farm, factory, street, office b		give exact location)				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU OF INJURY WHILE AT WORK AT WO	HILE					
and and	22. I hereby certify that I attended the deceased from deceased alive on 40, 21, 1903, and that death or	A ALAST					
2	23A. SIGNATURE M.D.		23c. DATE SIGNED 746 22 1453				
200	24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEM TION SEMOVAL (Specify) 2-23-53	Suntillar	of med				
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. EUNERAL DIRECTOR POR	MAN MAN				



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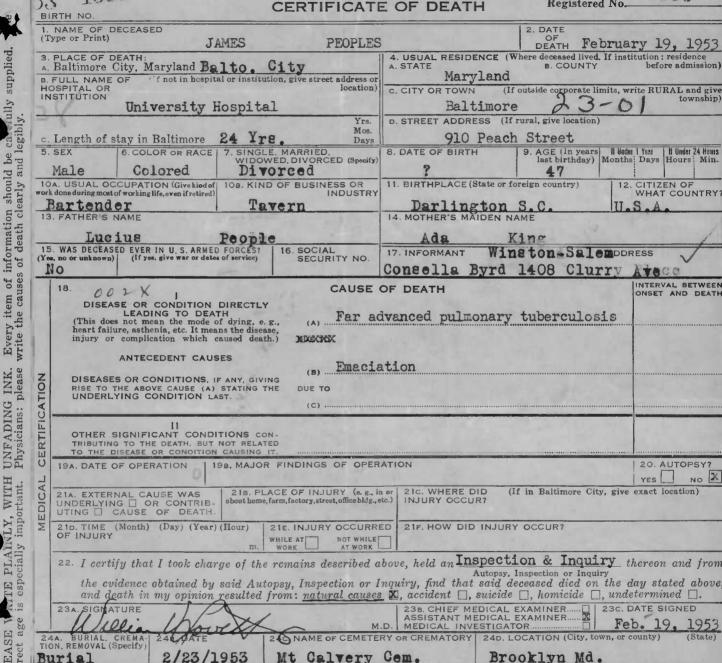
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## BALTIMORE CITY HEALTH DEPARTMENT

Registered No



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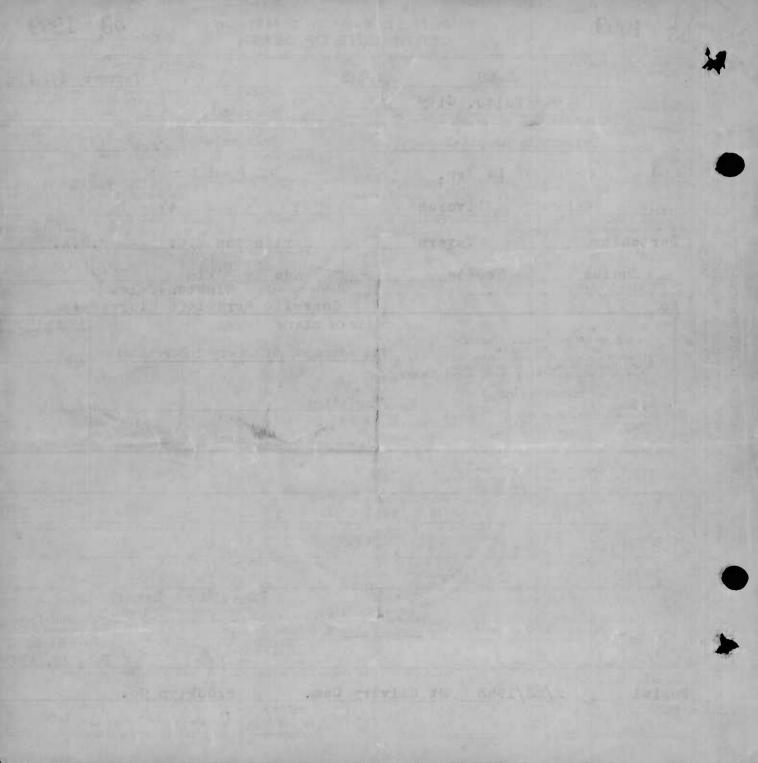
DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25.

FUNERAL DIRECTOR!



OF DEATH	Registered No.
	2. DATE OF Feb. 20, 1953
A. STATE Maryland	here deceased lived. If institution; residence
c. CITWOR TOWN (If a	outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If r	
2717 The Alame	
Apr.1, 1866	9. AGE (In years lift Under 1 Year last birthday) Months Days Hours Min.
Baltimore. Md.	WHAT COUNTRY
Baltimore, Md.	ME
Cynthia Neilson	n
17. INFORMANT 5701 1	eith Walladdress 12
Miss Esther M.	
F DEATH	INTERVAL BETWEEN ONSET AND DEATH
onary Occlus	sion 4 hours
) ((0)	704 7 70003
108 clerotic Cardi	- Vascular Disaul
***************************************	
TION	20. AUTOPSY?
or 21c. WHERE DID (If	in Baltimore City, give exact location)
D 21F. HOW DID INJURY	OCCUR1
19, toF	
and at 110 70 from the	26. 20, 1953, that I last saw the
ett tet prom en	e causes and on the date stated above.
2858 Harford	Recauses and on the date stated above.  Pol. 23c DATE SIGNED Feb. 21,1933
2 65 S Surford	e causes and on the date stated above.  23c DATE SIGNED

